DOCUMENT RESUME

ED 447 126 SP 039 609

TITLE	Compendium of HIV Prevention Interventions with Evidence of Effectiveness. From CDC's HIV/AIDS Prevention Research Synthesis Project.
INSTITUTION	Centers for Disease Control and Prevention (DHHS/PHS), Atlanta, GA.
PUB DATE	1999-11-00
NOTE	54p.
PUB TYPE	Reference Materials - Directories/Catalogs (132) -- Reports - Descriptive (141)
EDRS PRICE	MF01/PC03 Plus Postage.
DESCRIPTORS	*Acquired Immune Deficiency Syndrome; Adolescents; Adults; Behavior Change; Drug Abuse; *Health Behavior; *Health Education; *Health Promotion; Homosexuality; Research
IDENTIFIERS	*Risk Reduction; Risk Taking Behavior

ABSTRACT

This publication was developed in response to requests by prevention service providers and planners, for science-based interventions that work in HIV/AIDS prevention. All interventions came from behavioral or social studies that had both intervention and control/comparison groups and positive results for behavioral or health outcomes. The document summarizes each intervention that met all criteria. All interventions have been highly effective with a variety of populations (clinic patients, heterosexual men and women, high-risk youth, incarcerated populations, injection drug users, and men who have had sex with men). They have been delivered to individuals, groups, and communities in settings like storefronts, gay bars, health centers, housing communities, and schools. A table highlights population and intervention characteristics for each intervention. Another table indicates interventions that are part of the Centers for Disease Control and Prevention's Replicating Effective Programs, Prevention Counseling Course Series, and Research to Classroom: Programs That Work projects. These ongoing projects support development of intervention materials, training, and technical assistance. Each intervention summary presents title, authors, and reference; intervention goals and setting; population; comparison condition; intervention description; findings, and contact person. An appendix describes in detail the criteria used to select the interventions. (Contains 50 references.) (SM)

Reproductions supplied by EDRS are the best that can be made
from the original document.

ED 447 126

Compendium of HIV Prevention Interventions with Evidence of Effectiveness

from
CDC's HIV/AIDS Prevention Research Synthesis Project

November 1999

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
☐ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

Prevention Research Synthesis

SP039607

BEST COPY AVAILABLE

Compendium of HIV Prevention Interventions with Evidence of Effectiveness

from
CDC's HIV/AIDS
Prevention Research Synthesis Project

Centers for Disease Control and Prevention
National Center for HIV, STD, and TB Prevention
Division of HIV/AIDS Prevention - Intervention Research and Support
Atlanta, Georgia

November 1999

Acknowledgments

Many individuals, groups, organizations, and communities contributed to this *Compendium*. We are most grateful to those who participated in the research studies. They trusted that their time and effort in a study would increase our understanding about ways to prevent HIV/AIDS. We hope this document confirms their trust and supports their prevention goals.

Similarly, we thank the researchers who designed the interventions and carried out the studies. In the course of writing this document, we spoke with many of the original researchers. Their contact information throughout the *Compendium* underscores their continued commitment to HIV/AIDS prevention.

For the selection of effective interventions by applying consistent criteria, thanks to John Anderson, Wayne D. Johnson, Linda Kay, Mary Neumann, Salaam Semaan, and Ellen Sogolow of the Centers for Disease Control and Prevention (CDC); Don Des Jarlais of Beth Israel Medical Center; and Larry Hedges of the University of Chicago. For reviews of drafts and comments that improved the final document, thanks to Amy DeGroff, Nikki Economou, Michele Evering-Watley, Dorothy Gunther, Lynn Meinor, John Peppert, Lauretta Pinckney, Tamara Sloan-Anderson, Kathy Stark, Chris Tullier, Duane Wilkerson, and Mary Willingham.

Special acknowledgments go to the project leadership and staff of CDC's contractor, Aspen Systems Corporation, particularly Ruthann Bates, Meredith Hart, Kevin Hylton, Maryann Krayer, Paula Lipman, Sarah McClanahan, and Darcy Strouse. At CDC, special thanks to Bobbie Person and Linda Kay for leadership with the earlier drafts and the later drafts, respectively. Lynda Doll's suggestions at several stages strengthened both scientific soundness and clarity.

BEST COPY AVAILABLE

Suggested Citation: Centers for Disease Control and Prevention, HIV/AIDS Prevention Research Synthesis Project. Compendium of HIV Prevention Interventions with Evidence of Effectiveness, November 1999: [inclusive page numbers].

ACDP and Magura include multiple target populations, however, their summaries appear only once.

Contents

Acknowledgments i

Table of Contents ii

Introduction v

How the Compendium Is Organized vi

Section 1. Summaries of Prevention Interventions

Summary Format 1-1

Drug User

ACDP Research Group, 1999, AIDS Community Demonstration Projects[1] 1-2

Des Jarlais, et al., 1992, AIDS Drug Injection Prevention 1-3

El-Bassel & Schilling, 1992, Skills Building 1-4

Magura, et al., 1994, Intensive AIDS Education in Jail[1] 1-5

McCusker, et al., 1992, Informational and Enhanced AIDS Education 1-6

Heterosexual Adults

ACDP Research Group, 1999, AIDS Community Demonstration Projects[1] 1-2

Cohen, et al., 1991, Condom Skills Education 1-7

Cohen, et al., 1992, Group Discussion Condom Promotion 1-8

DiClemente & Wingood, 1995, Social Skills Training 1-9

Hobfoll, et al., 1994, Reducing AIDS Risk Activities 1-10

Kamb, et al., 1998, Project RESPECT 1-11

Kelly, et al., 1994, Cognitive-Behavioral Skills Training Group 1-12

Lauby, et al., 1998, Real AIDS Prevention Project (RAPP) 1-13

O'Donnell, et al., 1998, Video Opportunities for Innovative Condom Education and Safer Sex (VOICES/VOCES) 1-14

Wenger, et al., 1991, HIV Education, Testing, and Counseling 1-15

[1] ACDP and Magura include multiple target populations, however, their summaries appear only once.

Men Who Have Sex With Men

ACDP Research Group, 1999, AIDS Community Demonstration Projects[1] 1-2

Kegeles, et al., 1996, Mpowerment Project.....1-16

Kelly, et al., 1989, Behavioral Self-Management and Assertion Skills.....1-17

Kelly, et al., 1992, Popular Opinion Leader (POL).....1-18

Valdiserri, et al., 1989, Small Group Lecture Plus Skills Training.....1-19

Youth

ACDP Research Group, 1999, AIDS Community Demonstration Projects.....1-2

Jemmott, et al., 1992, Be Proud! Be Responsible!.....1-20

Kirby, et al., 1991, Reducing the Risk.....1-21

Magura, et al., 1994, Intensive AIDS Education in Jail[1] 1-5

Main, et al., 1994, Get Real about AIDS[1] 1992.....1-22

Rotheram-Borus, et al., 1997, StreetSmart.....1-23

Stanton, et al., 1996, Focus on Kids.....1-24

St. Lawrence, et al., 1995, Becoming a Responsible Teen (BART).....1-25

Section 2: Tables

Table 1. Population and Intervention Characteristics.....2-1

Table 2. Interventions with CDC Support for Materials Production, Technical Assistance, and Training.....2-2

Section 3: Intervention Checklist.....3-1

Section 4: Appendices

Appendix A. HIV/AIDS Prevention Research Synthesis (PRS) Project: Purpose and Selection Criteria.....4-1

Appendix B. Source Citations and Supplemental References.....4-6

[1] ACDP and Magura include multiple target populations, however, their summaries appear only once.

Alphabetical Listing of HIV Prevention Interventions:

ACDP Research Group, 1999, AIDS Community Demonstration Projects[1] 1-2

Cohen, et al., 1991, Condom Skills Education 1-7

Cohen, et al., 1992, Group Discussion Condom Promotion 1-8

Des Jarlais, et al., 1992, AIDS/Drug Injection Prevention 1-3

DiClemente & Wingood, 1995, Social Skills Training 1-9

El-Bassel & Schilling, 1992, Skills Building 1-4

Hobfoll, et al., 1994, Reducing AIDS Risk Activities 1-10

Jemmott, et al., 1992, Be Proud! Be Responsible! 1-20

Kamb, et al., 1998, Project RESPECT 1-11

Kegeles, et al., 1996, Mpowerment Project 1-16

Kelly, et al., 1989, Behavioral Self-Management and Assertion Skills 1-17

Kelly, et al., 1992, Popular Opinion Leader (POL) 1-18

Kelly, et al., 1994, Cognitive-Behavioral Skills Training Group 1-12

Kirby, et al., 1991, Reducing the Risk 1-21

Lauby, et al., 1998, Real AIDS Prevention Project (RAPP) 1-13

Magura, et al., 1994, Intensive AIDS Education in Jail 1-5

Main, et al., 1994, Get Real about AIDS! 1992 1-22

McCusker, et al., 1992, Informational and Enhanced AIDS Education 1-6

O'Donnell, et al., 1998, Video Opportunities for Innovative Condom Education and Safer Sex (VOICES/VOCES) 1-14

Rotheram-Borus, et al., 1997, StreetSmart 1-23

Stanton, et al., 1996, Focus on Kids 1-24

St. Lawrence, et al., 1995, Becoming a Responsible Teen (BART) 1-25

Valdiserri, et al., 1989, Small Group Lecture Plus Skills Training 1-19

Wenger, et al., 1991, HIV Education, Testing, and Counseling 1-15

[1] ACDP and Magura include multiple target populations, however, their summaries appear only once.

Introduction

The Centers for Disease Control and Prevention (CDC) developed this *Compendium of HIV Prevention Interventions with Evidence of Effectiveness* to respond to prevention service providers, planners, and others who request science-based interventions that work. All interventions selected for this *Compendium* came from behavioral or social studies that had both intervention and control/comparison groups and positive results for behavioral or health outcomes. We required designs with control/comparison groups so that successful results could be attributed to the interventions. Appendix A describes in detail the criteria used to select the interventions. This document provides *Summaries* of each intervention that met all criteria. These are referred to as effective interventions. To meet the ongoing need for current information about what works in HIV prevention, this *Compendium* will be updated periodically. The *Compendium* provides state-of-the-science information about interventions with evidence of reducing sex- and/or drug-related risks, and the rate of HIV/STD infections. These interventions have been effective with a variety of populations, e.g., clinic patients, heterosexual men and women, high-risk youth, incarcerated populations, injection drug users, and men who have sex with men. They have been delivered to individuals, groups, and communities in settings such as storefronts, gay bars, health centers, housing communities, and schools.

A reader may want to consider an entire group of studies, for instance, all studies that used small group interventions. Table 1 highlights population and intervention characteristics for each of the interventions. Accessing additional materials may assist in implementing a selected intervention. Table 2 indicates the interventions that are part of CDC's Replicating Effective Programs (REP), Prevention Counseling Course Series, and Research to Classroom: Programs That Work (PTW) projects. These ongoing projects support development of intervention materials, training, and technical assistance.

Once an intervention is adopted, its actual impact will depend on how it is implemented. The important thing is to achieve a balance between adapting the intervention to suit local needs and maintaining the core elements and key characteristics that made the original intervention successful. Also, the agency that implements the intervention will require organizational support, adequate staffing, and sufficient resources for implementation.

Finally, some readers may prefer an alternative or additional approach. They may want to assess and strengthen their existing program activities rather than select a new intervention, or to do both. We offer an Intervention Checklist to guide this process. The items on the Checklist are derived from many successful prevention interventions.

How the *Compendium* Is Organized

The *Compendium* is organized into four sections:

Section One: Summaries of Prevention Interventions

This section provides "one-pagers" or *Summaries* of each effective intervention. These are written to emphasize the intervention content and methods, based on information provided in the report. *Summaries* are grouped by target populations:

Drug User	Heterosexual Adults	Men Who Have Sex With Men	Youth

Within groups, *Summaries* are ordered alphabetically by author.

Section Two: Tables

For all interventions, *Table 1* highlights characteristics of the populations and interventions.
For selected interventions, *Table 2* provides information about access to intervention materials.

Section Three: Intervention Checklist

The *Intervention Checklist* is a tool for intervention assessment. It is designed to clarify aspects of existing interventions that can be strengthened.

Section Four: Appendices

Appendix A describes the aims of CDC's HIV/AIDS Prevention Research Synthesis (PRS) project, the criteria used to select PRS primary studies, and the additional criteria used to select a subset of primary studies for the *Compendium*.
Appendix B contains the bibliography, which references each study in the *Compendium*, along with additional or supplemental citations that pertain to that study.

BEST COPY AVAILABLE

Section 1
Summaries of HIV Prevention Interventions

Summary Format

Section 1. Summaries of HIV Prevention Interventions uses a standard format, with the same elements used to describe each intervention. If an element is missing from a *Summary*, it is because the source citation does not contain that information. The following elements comprise the format:

Title, authors, reference - bibliographic information for the source report (usually a journal publication, but may be "in press" or "submitted for publication")

Intervention goal(s) - selected behavioral/health aims of the intervention (most often other aims exist but are outside the scope of the *Summary*)

Intervention setting - the type of place in which the intervention was conducted

Population - includes the following features:

- ***sample size*** - the number of people who participated (usually the total number in the intervention and control conditions of the study at baseline)
- ***demographics*** - selected characteristics of the participants (e.g., gender, race/ethnicity, age, education, income)

Comparison condition - describes briefly what was provided to participants who did not receive the intervention during the study (e.g., a non-HIV intervention, usual HIV services such as HIV education and HIV counseling and testing)

Intervention description - includes the following features:

- ***theory/model*** - the basis for the design of the intervention, which explains the behavior change
- ***duration*** - the length and number of intervention sessions
- ***location*** - where the intervention was carried out
- ***characteristics of facilitators/leaders*** - e.g., gender, race/ethnicity, age
- ***content-*** e.g., topics, information, skills pertaining to risk reduction
- ***method(s)*** - how the intervention was delivered or conducted
- ***handout(s)*** - materials given to participants
- ***incentives*** - cash/items used to encourage or support participation

Findings - selected behavioral or health outcomes (usually at three or six months after intervention)

Contact person - the research scientist (or designee) who conducted the intervention and/or its evaluation

Community-level HIV Intervention in Five Cities:Final Outcome Data from the CDC AIDS Community Demonstration Projects

CDC AIDS Community Demonstration Projects Research Group (1999)

American Journal of Public Health, 89(3), 336-345

Intervention Goal(s): To determine the effects of a community-level intervention to increase condom use with main and non-main partners and/or to increase disinfection of injection equipment.

Intervention Setting: Street settings, public sex environments, and other community venues.

Description of Intervention:
AIDS Community Demonstration Project

This community-level intervention was based on the Transtheoretical Model of Behavior Change, which recognizes that change occurs in stages. The intervention aimed to modify attitudes and beliefs about prevention methods among the community members by providing models of successful risk-reduction strategies adopted by members of the target population. The intervention took place over 3 years in Dallas, Denver, Long Beach, New York City, and Seattle. Peer volunteers from each target community were trained to carry out the intervention, drawing attention to and reinforcing identification with and acceptance of the intervention messages.

The intervention featured role model stories developed from the real-life experiences of local community members. These stories depicted members of the target population moving from earlier to later stages of change. Stories were developed and selected so that the majority matched the predominant stages of change and beliefs about condoms and bleach observed in the population.

The role model stories were featured in flyers distributed with condoms and bleach kits by the peer volunteers.

Drug User

Heterosexual Adults

Men Who Have Sex With Men

Youth

Population: Interviews were conducted with 15,205 individuals who were injection drug users, female sex partners of injection drug users, commercial sex workers, non-gay-identified men who have sex with men, high-risk youth, and/or residents in census tracts with high rates of sexually transmitted disease. Of the interviewees, 46% were men and 54% were women; 54% were African American, 19% were Hispanic, 22% were white, and 5% were of other racial/ethnic groups; and 35% were under 30 years of age.

Comparison Condition: Usual HIV prevention activities and services available in the community.

Behavioral/Health Findings: Individuals in the intervention communities demonstrated significantly greater achievement of consistent condom use and maintenance of consistent condom use with non-main partners than individuals in the comparison communities.

Contact:
Behavioral Intervention Research Branch
Division of HIV & AIDS Prevention
Centers for Disease Control and Prevention
Atlanta, GA 30333

Phone: 404-639-1900
Fax: 404-639-1950
E-mail: ryw1@cdc.gov

BEST COPY AVAILABLE

AIDS and the Transition to Illicit Drug Injection–Results of a Randomized Trial Prevention Program

Des Jarlais, D.C., Casriel, C., Friedman, S.R., & Rosenblum, A. (1992).

British Journal of Addiction 87 (3), 493–498

Intervention Goal(s): To determine the effects of a small group intervention to prevent the transition from sniffing heroin to injecting heroin.

Intervention Setting: Community storefront.

Description of Intervention:
AIDS/Drug Injection Prevention

This prevention program was based on social learning principles. The intervention was delivered in four 1- to 1½-hour sessions over a 2-week time period. The intervention was led by 2 trainers who encouraged a therapeutic atmosphere in which participants felt free to discuss personal problem situations and seek help from the trainers and from their peers. Reduction in non-injected use of illicit drugs was an additional goal of the program. Trainers were clear not to take a condemning/punitive attitude. The emphasis was on recognizing and admitting problems with illicit drug use and then seeking treatment to reduce/eliminate the illicit drug use.

The four sessions covered understanding AIDS, risks of drug use and drug injection, sexual behavior and AIDS, and seeking entry into drug abuse treatment programs. The trainers used presentations, group discussion, and role-play of critical situations like refusing an offer of injection or seeking entry into a treatment program when one's non-injection drug use becomes too heavy.

Population: Of the 83 drug users (heroin sniffers) who participated in the study, 69% were men and 31% were women; 23% were African American, 26% were Hispanic, and 51% were white. The average age of the participants was 28 years.
Comparison Condition: AIDS information and HIV antibody pretest counseling (HIV test optional).

Behavioral/Health Findings: Men and women who participated in the intervention were significantly less likely to inject drugs than those in the comparison condition.

Contact:
Don C. Des Jarlais, PhD
Chemical Dependency Institute
Beth Israel Medical Center
1st Avenue at 16th Street
New York, NY 10003

Phone: 212-387-3803
Fax: 212-387-3897
E-mail: dcdesjarla@aol.com

This study meets CDC's HIV/AIDS Prevention Research Synthesis project criteria for relevance and methodological rigor and also has the positive and significant behavioral/health findings required for the *Compendium*. Date added 1/99

15-month Follow-up of Women Methadone Patients Taught Skills to Reduce Heterosexual HIV Transmission

El-Bassel, N. & Schilling, R.F. (1992).

Public Health Reports, 107 (5), 500–504

Intervention Goal(s): To determine the effects of a small group intervention to reduce sexual risk behavior and HIV transmission by increasing AIDS knowledge, sexual negotiation skills, and safer sex practices.

Intervention Setting: Methadone maintenance clinics.

Description of Intervention: Skills Building

The intervention was delivered in five 2-hour sessions with about ten women in each group. The intervention was led by experienced female drug counselors who had received an additional 20 hours of training.

Sessions 1-2: Information on AIDS transmission and prevention. Trainers used video, other visual presentations, and didactic exercises to enable participants to identify their own high-risk sexual behaviors and barriers to adopting safer sex practices.

Session 3: Condom use. Members discussed their negative associations with condoms, practiced condom skills, and role-played scenarios that involved asking their partners to use condoms.

Sessions 4-5: Assertiveness training, problem solving, and communication skills. Participants practiced and personalized these skills, first by role-playing in scripted scenarios, then by selecting scenarios that reflected their own life.

Incentives included modest payments for attending the sessions.

Population: Of the 84 female methadone patients who participated in the study, 36% were African American and 64% were Hispanic. More than 90% of the women were between the ages of 21 and 42 and 90% were unemployed.

Comparison Condition: HIV/AIDS information only.

Behavioral Findings: Women who participated in the intervention significantly increased frequency of condom use with their partners compared with women in the comparison condition.

Contact:
Nabila El-Bassel, DSW
Columbia University School of Social Work
622 West 113th Street
New York, NY 10025

Phone: 212–854–5011
Fax: 212–854–8549
E-mail: ne5@columbia.edu

This study meets CDC's HIV/AIDS Prevention Research Synthesis project criteria for relevance and methodological rigor and also has the positive and significant behavioral/health findings required for the *Compendium*. Date added 1/99

Drug User

Youth

Outcomes of Intensive AIDS Education for Male Adolescent Drug Users in Jail

Magura, S., Kang, S., & Shapiro, J.L. (1994).

Journal of Adolescent Health, 15 (6), 457–463

Intervention Goal(s): To determine the effects of a small group intervention to reduce HIV drug- and sex-related risk behaviors.

Intervention Setting: A detention center.

Population: Of the 157 incarcerated, young, male drug users who participated in the study, 65% were African American, 33% were Hispanic, and 2% were white. Median age was 18 years, ranging from 16 to 19 years.

Comparison Condition: The intervention was given to comparison participants at a later time.

Description of Intervention:
Intensive AIDS Education in Jail

The intervention was based on a problem solving therapy model. It consisted of four 60-minute sessions focusing on health education issues relevant to male adolescent drug users, with emphasis on HIV/AIDS. The intervention was delivered at the New York City Department of Corrections Adolescent Reception and Detention Center on Rikers Island. Sessions used interactive methods and a small group format with 8 adolescents and one male counselor. Counselors were guided by a written curriculum.

Topics included general health knowledge, HIV and AIDS knowledge, factors associated with initiation and continuance of drug abuse, types of sexual behavior and HIV risk, the relationship of drug use and sexual behavior, and strategies to access services and drug abuse treatment in the community. Counselors adapted topics to the needs of the participants.

Counselors used techniques based on the problem-solving therapy model:

- *Problem orientation* - group members share and discuss facts and beliefs about HIV/AIDS
- *Problem definition and formulation* - members define specific high-risk attitudes and behaviors that must be modified to protect themselves and others against HIV/AIDS
- *Generation of alternative solutions* - members suggested and compiled possible courses of action for risky behaviors
- *Decision-making* - members critiqued and evaluated the alternative solutions
- *Solution implementation* - participants used role play and rehearsal techniques to practice alternative solutions.

The young men received $5 for each group session they attended.

Behavioral Findings: After release from jail, youth who participated in the intervention were significantly more likely to use condoms during vaginal, oral, and anal sex and had fewer high-risk sex partners than youth in the comparison condition.

Contact:
Stephen Magura
National Development and Research Institutes, Inc.
2 World Trade Center, 16th Floor
New York, NY 10048

Phone: 212-845-4521
Fax: 212-845-4698
E-mail: steve.magura@ndri.org

This study meets CDC's HIV/AIDS Prevention Research Synthesis project criteria for relevance and methodological rigor and also has the positive and significant behavioral/health findings required for the *Compendium*. Date added 1/99

AIDS Education for Drug Abusers: Evaluation of Short-term Effectiveness

McCusker, J., Stoddard, A.M., Zapka, J.G., Morrison, C.S., et al. (1992).

American Journal of Public Health, 82(4), 533–540

Intervention Goal(s): To determine the effects of small group Informational and Enhanced Education interventions on drug- and sex-related HIV risk behaviors.

Intervention Setting: Inpatient drug detoxification and rehabilitation center.

Population: Of the 567 adult drug users who participated in the study, 67% were men and 33% were women; 81% were white; and 70% were high school graduates.

Description of Intervention:
Informational and Enhanced AIDS Education

The interventions drew primarily from Social Cognitive Theory and Relapse Prevention Theory, and also included concepts from the Health Belief Model and Theory of Reasoned Action. The Informational Education intervention consisted of two 1-hour sessions. The Enhanced Education intervention was delivered in six 1-hour sessions. When the six sessions were completed, participants received a 30-minute individual health education consultation.

The Informational Education intervention provided the essential HIV/AIDS information (prevention, transmission, etc.), using primarily didactic methods including video, lecture, discussion, homework, and demonstration (but not practice) of condom use and cleaning of drug paraphernalia.

The Enhanced Education intervention focused on personal susceptibility, situation analysis and skills building. Participants engaged in group discussions and practiced skills they could use to reduce risk in various situations. Additional strategies were homework assignments, tension-release exercises, role-playing, trigger tapes, peer feedback, and needle cleaning and condom skills exercises. Emphasis was placed on experiential learning techniques for the purpose of enhancing participants' self-efficacy regarding their ability to initiate and maintain AIDS harm-reduction behaviors.

Comparison Condition: Essential HIV/AIDS information, using primarily didactic methods.

Behavioral Findings: After exit from the program, participants in both interventions reported significant reductions in drug- and sex-related risk behaviors compared with their baseline level of risk. For two behaviors, drug injection and cocaine use, the Enhanced Education intervention had significantly greater effects than the Informational Education intervention.

Contact:
Jane McCusker, MD, DrPH
Department of Clinical Epidemiology
and Community Studies
Room 2508, St. Mary's Hospital
3830 Lacombe Avenue
Montreal, Quebec, Canada H3T 1M5

Phone: 514-345-3511, ext. 5060
Fax: 514-734-2652
E-mail: janemc@epid.lan.mcgill.ca

This study meets CDC's HIV/AIDS Prevention Research Synthesis project criteria for relevance and methodological rigor and also has the positive and significant behavioral/health findings required for the *Compendium*. Date added 1/99

Condom Skills Education and Sexually Transmitted Disease Reinfection

Cohen, D., Dent, C., & MacKinnon, D. (1991).

Journal of Sex Research, 28 (1), 139–144

Intervention Goal(s): To determine the effects of a small group intervention on the incidence of sexually transmitted diseases (STDs).

Intervention Setting: Waiting room of an STD clinic.

Description of Intervention: Condom Skills Education

This intervention was based on the premise that familiarity with condoms and skills in using condoms properly are necessary for increasing future condom use. The intervention consisted of a brief condom skills education session led by a health educator who was an African-American woman. The intervention was delivered in a single 30-minute group session to people waiting for appointments in a Los Angeles STD clinic.

The session began with a 10- to 15-minute presentation in which the health educator emphasized 3 important points for effective condom use: condoms should be made of latex, condoms should have a reservoir tip or space left at the end, and condoms should be lubricated with a spermicide. The session included group discussion of how condoms should be used and a demonstration of how to put on a condom. The health educator referred to a poster that displayed a variety of condoms with their packaging. The presentation was followed by a 10- to 15-minute question-and-answer session.

Population: Of the 192 adults who participated in the study, 59% were male and 41% were female; 76% were African American, 15% were Hispanic, and 9% were of other racial/ethnic groups. The median age of the participants was 25 years, ranging from 15 to 61 years.

Comparison Condition: Usual services available in the STD clinic.

Behavioral/Health Findings: Men and women who participated in the intervention were significantly less likely to return to the STD clinic within the next 12 months with a new STD than those in the comparison condition.

Contact:
Deborah A. Cohen, MD, MPH
Department of Public Health and Preventive Medicine
1600 Canal Street
New Orleans, LA 70112

Phone: 504–680-9450
Fax: 504–680-9453
E-mail: dcohen@lsumc.edu

This study meets CDC's HIV/AIDS Prevention Research Synthesis project criteria for relevance and methodological rigor and also has the positive and significant behavioral health findings required for the *Compendium*. Date added 1 99

Group Counseling at STD Clinics to Promote Use of Condoms

Cohen, D.A., MacKinnon, D.P., Dent, C., Mason, H., & Sullivan, E. (1992).

Public Health Reports, 107 (6), 727–731

Intervention Goal(s): To determine the effects of a small group intervention to promote safer sex and condom use.

Intervention Setting: Waiting room of an STD clinic.

Description of Intervention:
Group Discussion Condom Promotion

This intervention used the social context of small groups to encourage change in norms, expectations, and social skills. The intervention was delivered in a single group session to people waiting for appointments in a Los Angeles STD clinic. A trained female African-American health educator led sessions for groups of 10-25 participants.

The intervention session began with a video, "Let's Do Something Different," depicting condom use as socially acceptable. After the video a health educator facilitated a group discussion on methods of preventing STDs and promoting condom use. This discussion included the reasons why people liked and disliked condoms. Role-playing gave the clinic patients an opportunity to practice condom negotiation, first with the health educator and then with another patient. Questions relating to medical aspects of STDs were referred to clinic nursing and medical personnel. All participants were offered 10 free condoms by clinic nurses.

Population: Of the 426 adults who participated in the study, 71% were men and 29% were women; 92% were African American. The average age of the participants was 28 years.

Comparison Condition: Ususal services available in the STD clinic.

Behavioral/ Health Findings: Men who participated in the intervention had a significantly lower STD reinfection rate than men in the comparison condition. There was no evidence of change for women.

Contact:
Deborah A. Cohen, MD, MPH
Department of Public Health and Preventive Medicine
1600 Canal Street
New Orleans, LA 70112

Phone: 504–680-9450
Fax: 504–680-9453
E-mail: dcohen@lsumc.edu

This study meets CDC's HIV/AIDS Prevention Research Synthesis project criteria for relevance and methodological rigor and also has the positive and significant behavioral/health findings required for the *Compendium*. Date added 1/99

Heterosexual Adults

A Randomized Controlled Trial of an HIV Sexual Risk-reduction Intervention for Young African-American Women

DiClemente, R.J., & Wingood, G.M. (1995).

Journal of the American Medical Association, 274(16), 1271–1276

Intervention Goal(s): To determine the effects of a small group intervention to increase consistent condom use and prevent HIV infection.

Intervention Setting: Community center.

Description of Intervention: Social Skills Training

Social Cognitive Theory and theories of gender and power were used as models to guide the development of this social skills intervention. The intervention consisted of five weekly 2-hour group sessions led by trained African-American peer educators in the Bayview-Hunter's Point community of San Francisco, California. Each session had a specific topic and planned activities for modeling and assessing skills.

Session 1: Gender and ethnic pride. The women discussed positive attributes of being an African-American woman.

Session 2: Personal responsibility for sexual decision making. The women watched an HIV prevention video and had discussion.

Session 3: Sexual assertiveness and communication training. Role-playing exercises were used to practice managing risky sexual situations.

Session 4: Condom use. The women concentrated on building skills and changing social norms for proper condom use

Session 5: Cognitive coping skills. Participants developed skills such as sexual self-control.

Population: Among the 128 sexually active African-American women from an economically disadvantaged neighborhood who participated in the study, the average age was 23 years, ranging from 18–29 years.

Comparison Condition: The intervention was given to comparison participants at a later time.

Behavioral/Health Findings: Women who participated in the intervention were significantly more likely than women in the comparison condition to report consistent condom use with their partners, negotiating condom use, and not having sex when a condom was not available.

Contact:
Ralph DiClemente, PhD
Rollins School of Public Health
1518 Clifton Road
Atlanta, GA 30022

Phone: 404–727–0237
Fax: 404–727–1369

This study meets CDC's HIV/AIDS Prevention Research Synthesis project criteria for relevance and methodological rigor and also has the positive and significant behavioral health findings required for the *Compendium*. Date added 1/99

Reducing Inner-city Women's AIDS Risk Activities: A Study of Single, Pregnant Women

Hobfoll, S.E., Jackson, A.P., Lavin, J., Britton, P.J., & Shepherd, J.B. (1994).

Health Psychology, 13 (5), 397–403

Intervention Goal(s): To determine the effects of a small group intervention to enhance AIDS knowledge, attitudes, and skills and, as a result, to influence behavior change.

Intervention Setting: Inner-city clinics for low-income women.

Description of Intervention: Reducing AIDS Risk Activities

The intervention was based on theories of social learning, conservation of resources (including coping strategies and support skills), and communal support.

Clinics were in a mid-sized Midwestern city. The intervention consisted of 4 sessions, 1½- to 2-hours each, for groups of 2 to 8 women. Trained group leaders were female psychologists and health educators whose ethnic backgrounds were similar to those of the participants.

Sessions featured videos using actors from the target population illustrating assertiveness, negotiation skills, planning skills, and specialized skills (e.g., cleaning drug works). Women discussed the videos and role-played risk scenarios. Participants created health plans.

Women learned negotiation skills and assertiveness skills. They developed a sense of mastery and positive expectations of success. The sessions also included an activity in which women imagined an unhealthy behavior and then imagined a healthy behavior. The final session addressed relapse prevention.

Incentives included cash, partial reimbursement for transportation and child care costs, and participation in a lottery for a color television.

Population: Of the 206 single pregnant women who participated in the study, 57% were African American, 40% were white, and 3% were of other racial/ethnic groups. The average age of the participants was 21 years, ranging from 16 to 29 years. About one-third of the participants had not completed high school; 75% had income of less than $10,000 per year.

Comparison Conditions: One was no intervention and the other was health promotion.

Behavioral Findings: Women who participated in the intervention increased their use of condoms with their partners significantly more than women in the comparison condition who received no intervention.

Contact:
Stevan E. Hobfoll, PhD
Applied Psychology Center
Kent State University
P.O. Box 5190
Kent, OH 44242–0001

Phone: 330–672–2137
Fax: 330–672–3786
E-mail: shobfoll@kent.edu

This study meets CDC's HIV/AIDS Prevention Research Synthesis project criteria for relevance and methodological rigor and also has the positive and significant behavioral/health findings required for the *Compendium*. Date added 1/99

Heterosexual Adults

Efficacy of Risk-reduction Counseling to Prevent Human Immunodeficiency Virus and Sexually Transmitted Diseases: A Randomized Controlled Trial

Kamb, M.L., Fishbein, M., Douglas, J.M., Rhodes, F., et al. (1998).

Journal of the American Medical Association, 280(13), 1161-1167

Intervention Goal(s): To determine the effects of enhanced and brief interactive counseling interventions to reduce high-risk behavior and to prevent new STDs.

Intervention Setting: Inner-city STD clinics.

Population: Of the 5,758 HIV-seronegative adults who participated in the study, 57% were male and 43% were female; 59% were African American, 19% were Hispanic, 16% were white, and 6% were of other racial/ethnic groups. Median age of the participants was 25 years and 24% were < 20 years; 54% were unemployed.

Description of Intervention: Project RESPECT

The Enhanced and Brief Counseling interventions were based on the Theory of Reasoned Action and Social Cognitive Theory. Sessions were interactive and designed to change factors that could facilitate condom use, such as self-efficacy, attitudes, and perceived norms. The study was conducted in Baltimore, Denver, Long Beach, Newark, and San Francisco. Health department staff, trained to conduct HIV counseling, delivered the intervention.

The Enhanced Counseling intervention consisted of 4 sessions, a total of 200 minutes, and was completed in 3-4 weeks.

Session 1: Assessed personal risk, identified barriers to risk reduction, and negotiated a small risk-reduction step achievable in the next week.

Session 2: Explored condom use attitudes, discussed prior week's behavior change successes and barriers, and devised a strategy for taking a risk-reduction step before the next session.

Session 3: Built condom use self-efficacy, discussed prior week's behavioral goal and barriers and facilitators to condom use, and devised a strategy for taking another risk-reduction step.

Session 4: Explored social norms and support for condom use, discussed prior week's behavioral goal successes and barriers, and devised a long-term strategy for consistent condom use.

The Brief Counseling intervention consisted of 2 sessions, a total of 40 minutes, and was completed in 7-10 days. It was based on the HIV Prevention Counseling recommended by CDC for use with HIV testing since 1993.

Session 1: Identical to Session 1 above.

Session 2: Received HIV test results, discussed changes, support for changes made, and barriers and facilitators to change, and developed a long-term plan for risk reduction.

Comparison Condition: Didactic messages typical of current care.

Behavioral Findings: Participants in both counseling interventions reported significantly higher condom use compared with participants in the comparison condition. Of the counseling participants, 30% fewer had new STDs compared with participants in the didactic message condition. In the counseling interventions, benefits accrued equally to men and women, and STD reduction was higher among adolescents than older participants.

Contact:
Joanne W. Jackson
Centers for Disease Control and Prevention
1600 Clifton Road, N.E. Mail Stop E-46
Atlanta, GA 30333

Phone: 404-639-2080
Fax: 404-639-2029
Email: jij2@cdc.gov

This study meets CDC's HIV/AIDS Prevention Research Synthesis project criteria for relevance and methodological rigor and also has the positive and significant behavioral/health findings required for the *Compendium*. Date added 1/99

The Effects of HIV/AIDS Intervention Groups for High-risk Women in Urban Clinics

Kelly, J.A., Murphy, D.A., Washington, C.D., Wilson, T.S., et al., (1994).

American Journal of Public Health, 84(12), 1918–1922

Intervention Goal(s): To determine the effects of a small group intervention on high-risk behaviors.

Intervention Setting: Inner-city health clinic.

Population: Of the 197 women who participated in the study, 87% were African American, 3% were Hispanic, 4% were American Indian, and 6% were white. The average age of participants was 29 years, and 97% of the whole group was unemployed. Average education level was some high school.

Description of Intervention:
Cognitive-Behavioral Skills Training Group

The intervention incorporated cognitive-behavioral and risk-reduction skills training principles and peer support elements. It consisted of 4 weekly group sessions, 90 minutes each. There were 8 to 10 women in each group. The sessions were conducted in Milwaukee, Wisconsin by 2 female group leaders.

The sessions provided detailed information about HIV risk and focused on behaviors that increase risk, common misconceptions about AIDS, and steps to reduce the risk of contracting the disease. National and local HIV seroprevalence and epidemiology statistics were summarized to personalize risk situations for the women, including the possibility of encountering an infected partner.

Exercises emphasized cognitive-attitudinal areas, behavioral skills, and social factors. Participants role-played initiating discussion of concerns about AIDS and condom use with potential sex partners and resisting sexual pressure from a man whose risk history was unknown or with whom the woman did not want to have sex.

Skills-building was a critical component of this intervention. Condom demonstration and practice were provided to desensitize participants to condom use. Also, attention was directed toward recognizing, understanding, and managing one's personal triggers for high-risk behavior.

Comparison Condition: Family and child nutrition intervention.

Behavioral Findings: Women who participated in the intervention reported a significantly greater increase in condom use with their partners and a significantly greater decrease in their frequency of engaging in unprotected sex than women in the comparison condition.

Contact:
Jeffrey A. Kelly, PhD
Medical College of Wisconsin
2071 North Summit Avenue
Milwaukee, WI 53202

Phone: 414–456–7700
Fax: 414–287–4209
E-mail: jsherman@post.its.mcw.edu

This study meets CDC's HIV/AIDS Prevention Research Synthesis project criteria for relevance and methodological rigor and also has the positive and significant behavioral health findings required for the *Compendium*. Date added 1/99

Heterosexual Adults

A Community-level HIV Prevention Intervention for Inner-city Women: Results of the Women and Infants Demonstration Trial

Lauby, J.L., Smith, P.J., Stark, M., Person, B., & Adams, J. (1998). Philadelphia, PA Philadelphia Health Management Corporation.

Intervention Goal(s): To determine the effects of a community-level intervention to increase condom use with main and non-main partners.

Intervention Setting: Street settings, community agencies, organization, businesses, residential complexes, and other community settings.

Population: Interviews were conducted with 3,725 sexually active women of reproductive age in four matched pairs of inner-city communities. In this group of women, 73% were African American, 20% were white, and 7% were of other racial/ethnic groups; mean age was 25 years.

Description of Intervention:
Real AIDS Prevention Project (RAPP)

This community-level intervention was based on the Transtheoretical Model of Behavior Change, which recognizes that change occurs in stages. The intervention aimed to modify attitudes and beliefs about prevention methods among the community women by providing models of successful risk-reduction strategies adopted by members of the target population. The intervention included 3 components: a media campaign, outreach, and community mobilization. The media campaign included frequent distribution of flyers, brochures, posters, and newsletters that told "role model" stories based on the lives of women in the local community, contained HIV prevention material and referral sources, and furnished other information related to women's physical, social, and economic well-being. The role model stories presented readable and realistic accounts of women in different degrees of readiness to use condoms (i.e., stage-based stories) with either main or non-main partners, how they had overcome barriers or had learned from experience about the need to use condoms, and how they had progressed to more consistent condom use. Media pieces were distributed hand-to-hand or were left at drop sites in businesses, agencies, and meeting places throughout the target communities.

Stage-based outreach was implemented by women from the communities who were either paid a stipend or employed by the project. Outreach was usually one-on-one but was sometimes delivered to groups. The purpose of these interpersonal contacts was to present HIV information and referrals, encourage and reinforce behavior change, and distribute condoms and role model stories.

Community mobilization entailed the recruitment of small businesses, neighborhood organizations, and agencies to donate services or products and to function as sites for distributing role-model stories and displaying posters and other visual materials.

Comparison Condition: Usual HIV prevention programs available in the community.

Behavioral/Health Findings: Women in the intervention communities reported a greater increase in consistent condom use with non-main partners than women in the comparison communities.

Contact:
Behavioral Intervention Research Branch
Division of HIV & AIDS Prevention
Centers for Disease Control and Prevention
1600 Clifton Road, MS E-37
Atlanta, GA 30333

Phone: 404-639-1900
Fax: 404-639-1950

This study meets CDC's HIV/AIDS Prevention Research Synthesis project criteria for relevance and methodological rigor and also has the positive and significant behavioral health findings required for the *Compendium*. Date added 1/99

Reductions in STD Infections Subsequent to an STD Clinic Visit: Using Video-based Patient Education to Supplement Provider Interactions

O'Donnell, C.R., O'Donnell, L., San Doval, A., Duran, R., & Labes, K. (1998).

Sexually Transmitted Diseases, 25 (3), 161-168

Intervention Goal(s): To determine the effects of a small group intervention to reduce sexually transmitted disease (STD) infections subsequent to a clinic visit.

Intervention Setting: STD clinic.

Description of Intervention:
Video Opportunities for Innovative Condom Education and Safer Sex (VOICES/VOCES)

All participants received STD prevention information, individual counseling, free condoms, and a coupon for condoms as part of their clinic visit for diagnostic and treatment services.

The video-based intervention consisted of a 60-minute session in which participants viewed a 20-minute culturally sensitive video and engaged in a facilitated interactive group discussion. The intervention was delivered to small groups of 3 to 8 men in an STD clinic in the South Bronx, New York City. A trained STD counselor led the discussions.

One video, "Let's Do Something Different," was designed for African Americans and another, "Porque Sí," was developed for Hispanics. Both videos provided accurate risk information and corrected misinformation, portrayed positive attitudes about condom use, and modeled gender- and culturally-specific strategies for encouraging condom use. Interactive discussions following the videos aimed to reinforce the STD and HIV prevention messages. Participants addressed problems they had experienced when trying to use condoms and discussed strategies to increase condom use.

Participants were offered a selection of free condoms at the clinic and a coupon for free condoms at an area pharmacy.

Population: Of the 2004 adult males who participated in the study, 62% were African American and 38% were Hispanic. The average age of the participants was 30 years.

Comparison Condition: Usual services available in the STD clinic.

Behavioral Findings: Men who participated in the intervention had a significantly lower rate of new STD infection than men in the comparison condition.

Contact:
Lydia O'Donnell, EdD
Education Development Center, Inc.
55 Chapel Street
Newton, MA 02158

Phone: 617-969-7100, ext. 23
Fax: 617-969-3995
E-mail: lydiao@edc.org

This study meets CDC's HIV/AIDS Prevention Research Synthesis project criteria for relevance and methodological rigor and also has the positive and significant behavioral/health findings required for the *Compendium*. Date added 1/99

Heterosexual Adults

Reduction of High-risk Sexual Behavior among Heterosexuals Undergoing HIV Antibody Testing: A Randomized Control Trial

Wenger, N.S., Linn, L.S., Epstein, M., & Shapiro, M.F. (1991).

American Journal of Public Health, 81 (12), 1580-1585

Intervention Goal(s): To evaluate the effects of HIV education and testing on sexual risk behavior.

Intervention Setting: Urban Sexually Transmitted Diseases (STD) clinic.

Description of Intervention:
HIV Education, Testing, and Counseling

The intervention was offered to clients of an STD clinic in Los Angeles.

The intervention consisted of an educational component and an HIV blood test. The educational component included (a) a written pamphlet that explicitly discussed safer and unsafe sexual acts and explained condom use; (b) a 15-minute video that examined HIV-risk behavior and promoted condom use as well as discussing the risk with sex partners; and (c) a 10-minute, one-on-one counseling session with a physician.

The counseling session focused on assessing personal risk, discussing the elements of HIV testing, and answering any questions about HIV/AIDS or testing. [NOTE: See *Summary* for Kamb, et al. for current HIV testing and counseling protocols.]

After completing the educational module, intervention participants had blood drawn for an HIV test. Test results were revealed to intervention participants approximately 2 weeks after study entry and were accompanied by the same risk-reduction message as during the pretest counseling (for seronegative results) or in-depth counseling (for seropositive results).

Population: Of the 186 heterosexual adults who participated in the study, 67% were men and 33% were women; and 88% were African American; 84% had completed high school; and 43% were unemployed. The average age was 28 years, ranging from 18 to 66 years.
Comparison Condition: HIV education only.

Behavioral Findings: Participants who received the HIV education and testing intervention reported significantly fewer occurrences of unprotected intercourse than did those in the comparison condition.

Contact:
Neil S. Wenger, MD
200 Medical Plaza
Suite 420
Los Angeles, CA 90095

Phone: 310-206-6232
Fax: 310-206-3551
E-mail: nwenger@medicine.medsch.ucla.edu

This study meets CDC's HIV/AIDS Prevention Research Synthesis project criteria for relevance and methodological rigor and also has the positive and significant behavioral health findings required for the *Compendium*. Date added 1/99

The Mpowerment Project: A Community-level HIV Prevention Intervention for Young Gay Men

Kegeles, S.M., Hays, R.B., & Coates, T.J. (1996).

American Journal of Public Health, 86 (8), 1129–1136

Intervention Goal(s): To determine the effects of a community-level intervention to reduce HIV risk behaviors.

Intervention Setting: Mpowerment Center and other community venues where gay men congregated.

Population: Of the cohort of 300 young gay men who were evaluated after 8 months of study, 4% were African American, 7% were Asian or Pacific Islander, 81% were white, and 2% were of other racial/ethnic groups. The average age of the men was 23 years, and the median education level was some college.

Description of the Intervention: Mpowerment Project

This intervention was based on theories of peer influence and diffusion of innovations, which posit that people are most likely to adopt new behaviors when favorable evaluations of the behavior are conveyed to them by similar others whom they respect. The intervention was conducted over 8 months and attempted to reach all young gay men in a Eugene, Oregon community.

A Core Group of young gay men designed and ran the intervention with input from a Community Advisory Board composed of "elders" from the AIDS, public health, gay and lesbian, and university communities. This engendered a personal commitment to HIV prevention, a sense of ownership of the prevention activities, and a willingness to carry out the activities.

This multi-component intervention included 2 types of formal outreach, informal outreach, peer-led small groups and a small publicity campaign. One type of formal outreach activity was directed at venues where young gay men congregated. Volunteers dressed in costumes and distributed safer-sex materials. Another type of formal outreach activity took place at the Mpowerment Center. It consisted of safer-sex promotional events embedded in a series of fun social activities. Informal outreach consisted of peer-initiated communications among friends about the need for safer sex. Small groups, called M-Groups, lasted about 3 hours and were designed to be fun and interactive. They served as entry into the project, addressed safer-sex concerns and skills, and motivated participants to invite their friends. The small publicity campaign aimed to reinforce the norms for safer sex and spread awareness of the Mpowerment Project.

Comparison Condition: The intervention was given to comparison communities at a later time.

Behavioral Findings: Men who participated in the Mpowerment Project reduced their frequency of unprotected anal intercourse significantly more than the men in the comparison community.

Contact:
Ben Zovod
Center for AIDS Prevention Studies
University of California San Francisco
74 New Montgomery, Suite 600
San Francisco, CA 94105

Phone: 415–597–9306
Fax: 415–597–9213
E-mail: skegeles@psg.ucsf.edu

This study meets CDC's HIV/AIDS Prevention Research Synthesis project criteria for relevance and methodological rigor and also has the positive and significant behavioral health findings required for the *Compendium*. Date added 1/99

Men Who Have Sex With Men

Behavioral Intervention to Reduce AIDS Risk Activities

Kelly, J.A., St. Lawrence, J.S., Hood, H.V., & Brasfield, T.L. (1989)

Journal of Consulting and Clinical Psychology, 57 (1), 60–67

Intervention Goal(s): To determine the effects of a small group intervention to reduce the frequency of high-risk sexual practices and increase behavioral skills for refusing sexual coercions.

Intervention Setting: An office space associated with a medical center.

Population: Of the 104 gay men who participated in the study, 13% were African American or Hispanic and 87% were white. The average age of the participants was 31 years; 45% had completed college.

Description of Intervention:
Behavioral Self-management and Assertion Skills

The intervention consisted of 12 weekly group sessions, each about 75 to 90 minutes. Groups were led by 2 clinical psychologists and 2 project assistants.

Sessions 1-2: AIDS risk reduction. This component included information about AIDS, HIV infection, and HIV-transmission methods.

Sessions 3-5: Behavioral self-management. Participants examined past high-risk sexual activity and identified mood, setting, substance use, and other factors associated with the risk taking. Leaders presented strategies to reduce risk.

Sessions 6-8: Assertion skills training. Three scenarios were used: (a) initiating discussion about one's commitment to low-risk behavior with a potential sex partner; (b) refusing pressures to engage in high-risk behavior; and (c) declining an immediate sexual proposition from a person one wanted to get to know socially.

Sessions 9-11: Relationship skills and social support development. This component addressed strategies for problem solving in relationships and for maintaining low-risk sexual practices, even in committed relationships.

Session 12: Risk-reduction review and identification of useful strategies. This session allowed each participant to address the changes he had made and the strategies he had used.

The intervention used group process, lecture, and role-playing methods to deliver information and develop skills.

Comparison Condition: The intervention was given to comparison participants at a later time

Behavioral Findings: Gay men who participated in the intervention reduced their frequency of unprotected anal intercourse and increased their use of condoms significantly more than the men in the comparison condition.

Contact:
Jeffrey A. Kelly, PhD
Medical College of Wisconsin
2071 North Summit Avenue
Milwaukee, WI 53202

Phone: 414-456-7700
Fax: 414-287-4209
E-mail: jsherman@post.its.mcw.edu

This study meets CDC's HIV/AIDS Prevention Research Synthesis project criteria for relevance and methodological rigor and also has the positive and significant behavioral/health findings required for the *Compendium*. Date added 1/99

Community AIDS/HIV Risk Reduction: The Effects of Endorsements by Popular People in Three Cities

Kelly, J.A., St. Lawrence, J.S., Stevenson, Y., Hauth, A.C., et al. (1992).

American Journal of Public Health, 82(11), 1483–1489

Intervention Goal(s): To determine the effects of a community-level intervention to reduce high-risk behaviors.

Intervention Setting: Gay bars.

Population: Of the 1,469 gay men who completed anonymous baseline and post-intervention surveys in three cities, 9% were African American, 85% were white, and 5% were Hispanic or of other racial/ethnic groups. Average age was 29 years. From the same three cities, 75 gay men of similar race/ethnicity and age were trained as peer leaders.

Description of Intervention: Popular Opinion Leader (POL)

This intervention was based on theories of peer influence, behavioral standards and social norms, and diffusion of innovations. Bartenders at gay clubs in Biloxi, Mississippi, Monroe, Louisiana, and Hattiesburg, Mississippi were enlisted to nominate opinion leaders, i.e., persons who were popular with others. The intervention was delivered in two parts:

Part I. Popular opinion leaders received four sessions, 90 minutes each, of HIV education and communication strategies. A male and a female co-facilitator conducted each session.

Session 1: Epidemiology of HIV, risk and protective behaviors, and misconceptions.

Session 2: Characteristics of effective health promotion messages. Facilitators described ways to sensitize others to the threat of AIDS, stressed that behavior change can prevent AIDS, used self as example, and personally endorsed the benefits of change.

Session 3: Conversational examples of effective health promotion messages. Facilitators modeled conversations and opinion leader participants role-played similar conversations.

Session 4: Real-life conversations and problem solving. Participants reported outcomes of actual conversations (see Part II). Facilitators helped them plan for additional peer conversations.

Part II. Each opinion leader agreed to have at least 14 conversations with peers in the bars about AIDS risk reduction. Opinion leaders wore buttons with a logo that promoted the project and matched posters located in the bars. Buttons were ambiguous and served to trigger conversations.

Comparison Condition: The intervention was given to comparison participants at a later time.

Behavioral Findings: Men from communities that received the intervention reported a significantly greater reduction in unprotected anal intercourse than the men from the comparison communities.

Contact:
Jeffrey A. Kelly, PhD
Medical College of Wisconsin
2071 North Summit Avenue
Milwaukee, WI 53202

Phone: 414-456-7700
Fax: 414-287-4209
E-mail: jsherman@post.its.mcw.edu

This study meets CDC's HIV/AIDS Prevention Research Synthesis project criteria for relevance and methodological rigor and also has the positive and significant behavioral/health findings required for the *Compendium*. Date added 1/99

Men Who Have Sex With Men

AIDS Prevention in Homosexual and Bisexual Men: Results of a Randomized Trial Evaluating Two Risk Reduction Interventions

Valdiserri, R.O., Lyter, D.W., Leviton, L.C., Callahan, C.M., et al. (1989).

AIDS, 3 (1), 21–26

Intervention Goal(s): To determine the effects of an educational intervention program that included skills training in addition to a small group lecture on sexual risk and protective behaviors.

Description of Intervention:
Small Group Lecture Plus Skills Training

The intervention consisted of a lecture and a skills training session delivered in a 2-session small group format in a community-based organization in Pittsburgh, Pennsylvania. The 60- to 90-minute lecture component, led by a gay health educator, reviewed HIV transmission and the clinical outcomes of HIV infection, the risks of specific sexual practices, the importance of risk reduction through safer-sex practices, correct condom use, and interpretation of HIV antibody tests.

The 140-minute skills-training session was led by a psychotherapist from a community organization that provides counseling services to sexual minorities. The skills-training session included role-playing, psychodrama, and group process to promote the social acceptability of safer sex; strategies to reduce sexual risk behavior; and group discussion on sexuality and relationships among gay men.

Intervention Setting: The office of a community-based organization.

Population: Of the 584 gay and bisexual men who participated in the study, 2% were African American, 95% were white, less than 1% were Hispanic, and less than 1% were Asian. The average age was 33 years, ranging from 19 to 73 years, and 33% of the participants had a college degree.

Comparison Condition: Small group lecture.

Behavioral Findings: Men who participated in the small group lecture plus skills training educational intervention showed a significant increase in condom use for insertive anal intercourse compared to those in the comparison condition.

Contact:
Ronald O. Valdiserri, MD, MPH
Centers for Disease Control and Prevention
1600 Clifton Road
Mail Stop E–07
Atlanta, GA 30333

Phone: 404–639–8002
Fax: 404–639–8600
E-mail: ROV1@cdc.gov

This study meets CDC's HIV/AIDS Prevention Research Synthesis project criteria for relevance and methodological rigor and also has the positive and significant behavioral/health findings required for the *Compendium*. Date added 1/99

Reductions in HIV Risk-associated Sexual Behaviors among Black Male Adolescents: Effects of an AIDS Prevention Intervention

Jemmott, J.B., Jemmott, L.S., & Fong, G.T. (1992).

American Journal of Public Health, 82(3), 372–377

Intervention Goal(s): To determine the effects of a small group intervention to reduce HIV risk behaviors and increase condom use.

Intervention Setting: A local school on a Saturday.

Description of Intervention: Be Proud! Be Responsible!

The intervention consisted of one 5-hour session held on a Saturday morning in a local school in Philadelphia, Pennsylvania. The session was led by African-American men and women with backgrounds in human sexuality education, nursing, social work, and small group facilitation. The leaders received 6 hours of training for this intervention. The intervention included information about risks associated with injection drug use and specific sexual activities. The intervention used videos, games, exercises, and other culturally and developmentally appropriate materials to reinforce learning and to encourage active participation.

For example, one video was narrated by an African-American woman and had a multi-ethnic cast.

In another activity, "AIDS Basketball," participants formed into teams to earn points for correctly answering factual questions on AIDS. In the exercise, "Uncle Bill's Advice Column," pairs of adolescents wrote a response to a letter to Uncle Bill about AIDS or risky behavior and then read it to the rest of the group for discussion.

A condom exercise focused on the correct use of condoms. The participants also engaged in role-playing situations depicting potential problems in trying to implement safer sex practices, including abstinence.

Population: Of the 157 African-American male adolescents who participated in the study, the average age of participants was 15 years; almost all (97%) were enrolled in school.

Comparison Condition: Focused on careers.

Behavioral Findings: Adolescents who participated in the intervention reported more frequent use of condoms and fewer sex partners than adolescents in the comparison condition.

Contact:
John B. Jemmott III, PhD
Department of Psychology
0–N–14 Green Hall
Princeton University
Princeton, NJ 08544–1010

Phone: 609–258–4448
Fax: 609–258–1113
E-mail: jemmott@Princeton.edu

This study meets CDC's HIV/AIDS Prevention Research Synthesis project criteria for relevance and methodological rigor and also has the positive and significant behavioral/health findings required for the *Compendium*. Date added 1/99

Youth

Reducing the Risk: Impact of a New Curriculum on Sexual Risk-taking

Kirby, D., Barth, R.P., Leland, N., & Fetro, J.V. (1991).

Family Planning Perspectives, 23 (6), 253–263

Intervention Goal(s): To determine the effects of a classroom intervention to postpone initiation of sexual intercourse and, among those sexually experienced, to reduce unprotected sex.

Intervention Setting: High school classrooms.

Population: Of the 758 students who participated in the study, 47% were male and 53% were female; 2% were African American, 2% were American Indian, 9% were Asian, 20% were Hispanic, 62% were white, and 5% were of other racial/ethnic groups. The average age was 15 years, and about 37% of the participants were sexually experienced prior to the study.

Description of Intervention: Reducing the Risk

The intervention was based on social learning, social inoculation, and cognitive behavioral theories. The intervention was carried out in 13 high schools in California. Health education classes offered the 15-session intervention as part of the 10th grade comprehensive health curriculum. Teachers who volunteered to implement the intervention curriculum attended a 3-day training session.

The curriculum included instruction on developing social skills to reduce sexual risk-taking behavior and used role play as a means of practicing and modeling those skills. Numerous activities supported the norm that students should avoid unprotected intercourse, either by not having sex or by using contraceptives. Students repeatedly role played situations where they recognized various forms of social pressure to have sex, examined the "lines" that young people use to obtain sex, were motivated to resist these pressures, and practiced effective strategies and skills to refrain from sex or unprotected sex. Over the 15 weeks, role plays were less scripted and more oriented to developing student's confidence in their ability to resist pressure. The curriculum also emphasized decision making and assertive communication skills, encouraged students to go to stores and clinics to obtain relevant health information, and required students to ask their parents about their views on abstinence and birth control.

Comparison Condition: Usual sexuality instruction available in the school.

Behavioral Findings: Students receiving the intervention were significantly less likely to initiate sexual intercourse than those in the comparison condition; intervention students who were already sexually experienced were significantly less likely to engage in unprotected intercourse than sexually active students in the comparison condition.

Contact:
Nancy Shanfeld, PhD
ETR Associates
P.O. Box 1830
Santa Cruz, CA 95061

Phone: 408-438-4060
Fax: 408-438-4618

This study meets CDC's HIV/AIDS Prevention Research Synthesis project criteria for relevance and methodological rigor and also has the positive and significant behavioral/health findings required for the *Compendium*. Date added 1/99

Preventing HIV Infection Among Adolescents: Evaluation of a School-based Education Program

Main, D.S., Iverson, D.C., McGloin, J., Banspach, S.W., et al. (1994).

Preventive Medicine, 23 (4), 409–417

Description of Intervention: Get Real about AIDS© 1992

This intervention was primarily based on Social Cognitive Theory and the Theory of Reasoned Action. The intervention was implemented in 10 schools in 6 Colorado school districts. The intervention consisted of a 15-session skills-based curriculum, based in part on the program Get Real About AIDS© 1992. Most of the intervention teachers taught health; some taught science, physical education, and study skills. Teachers attended a 5-day (40 hours) training program designed to enhance relevant skills and fidelity of the implementation to the written curriculum.

The curriculum covered the following topics: HIV functional knowledge (that is, knowledge that can be used to reduce risk), teen vulnerability to HIV, normative determinants of risky behavior, condom use, and skills designed to help students recognize, manage, avoid, or leave risky situations.

Intervention Goal(s): To determine the effects of a classroom intervention to postpone the initiation of sexual intercourse and to reduce the number of students engaging in unsafe sex and drug-using behaviors.

Intervention Setting: High school classrooms.

Population: Of the 2,015 students who participated in the study, 51% were male and 49% were female; 6% were African American, 3% were Asian, 21% were Hispanic, 65% were white, and 5% were of other racial/ethnic groups. The average age of the students was 15 years; 60% were in the 9th grade; 44% were sexually experienced prior to the study.

Comparison Condition: Usual program, which was no HIV education or minimal HIV education, as determined by the school districts.

Behavioral Findings: Students who participated in the intervention reported fewer sex partners and greater frequency of condom use than students in the comparison schools.

Contact:
Deborah S. Main, PhD
Department of Family Medicine
1180 Clermont Street
Denver, Colorado 80220

Phone: 303–315–9700
Fax: 303–315–9747
E-mail: debbi.main@uchsc.edu

This study meets CDC's HIV/AIDS Prevention Research Synthesis project criteria for relevance and methodological rigor and also has the positive and significant behavioral/health findings required for the *Compendium*. Date added 1/99

Youth

Reductions in HIV Risk among Runaway Youths

Rotheram-Borus, M., Van Rossem, R., Gwadz, M., Koopman, C., & Lee, M. (1997)

University of California, Department of Psychiatry, Division of Social and Community Psychiatry, Los Angeles, CA

Intervention Goal(s): To determine the effects of a small group intervention to reduce HIV-related sexual and drug-related risk behaviors.

Intervention Setting: Shelters for runaway adolescents.

Population: Of the 312 runaway and homeless youths who enrolled in the study, 51% were male and 49% were female; 57% were African American, 22% were Hispanic, 16% were white or of other racial/ethnic groups, and race/ethnicity was unknown for 5%. The average age of the youths was 16 years.

Description of Intervention: StreetSmart

This intervention was based on Social Learning Theory, using small groups (a) as practice and role-play opportunities, (b) to mobilize and reinforce positive behaviors, and (c) to maintain support networks. The intervention consisted of 10 group sessions on a rotating basis, 3 times per week, repeated every 4 to 6 weeks, and one individual counseling session. Sessions were led by trained counselors in shelters for runaway youth in the New York City area. The intervention had four primary components:

1. HIV-related knowledge. Activities included video and art workshops where youth developed soap opera dramatizations, public service announcements, commercials, and raps about HIV prevention, and they reviewed and discussed commercial HIV/AIDS prevention videos.

2. Social skills. Training on assertiveness and coping skills, including use of a "feeling thermometer," were employed to develop skills for use in HIV-risk situations.

3. Access to resources. Participants visited a community based comprehensive health and mental health center.

4. Personalized beliefs, attitudes and norms. Participants had a private counseling session during which they could assess individual barriers to practicing safer sex and discuss their own attitudes and behavior patterns. Dysfunctional attitudes and behavior patterns were targeted.

Incentives included food and $1 for carrying condoms and arriving to the program on time.

Comparison Condition: Usual services available in the runaway shelters.

Behavioral Findings: Adolescents who participated in the intervention reduced both the number of unprotected sexual acts and their substance use significantly more than adolescents in the comparison shelters.

Contact:
Mary Jane Rotheram-Borus, PhD
Department of Psychiatry
University of California Los Angeles
10920 Wilshire Blvd, Suite 350
Los Angeles, CA 90024

Phone: 310-794-8278
Fax: 310-794-8297
E-mail: rotheram@ucla.edu

This study meets CDC's HIV/AIDS Prevention Research Synthesis project criteria for relevance and methodological rigor and also has the positive and significant behavioral health findings required for the *Compendium*. Date added 1/99

A Randomized, Controlled Effectiveness Trial of an AIDS Prevention Program for Low-income African-American Youths

Stanton, B.F., Li, X., Ricardo, I., Galbraith, J., Feigelman, S., & Kaljee, L. (1996).

Archives of Pediatrics and Adolescent Medicine, 150 (4), 363–372

Intervention Goal(s): To determine the effects of a peer network decision-making intervention to increase condom use among sexually active youth.

Intervention Setting: Recreation centers associated with public housing developments; rural campsite setting.

Population: Of the 383 African-American youths who participated in the study, 56% were male and 44% were female. The average age was 11 years, and 78% were aged 9 through 12 years; 36% were sexually experienced prior to the study.

Description of Intervention: Focus on Kids

The intervention, developed through ethnographic research, targeted pre- and early-adolescents in their existing friendship groups. Being in such a group was a requirement of enrollment. AIDS prevention education was based on a social cognitive model, Protection Motivation Theory (PMT), that uses cost and reward constructs to explain how intentions are formed to respond to threats in either adaptive or maladaptive ways.

The intervention consisted of 8 sessions: seven 1½-hour weekly meetings at local recreational centers and one day-long session at a rural campsite. The intervention was delivered in a large Eastern city to peer groups that consisted of 3 to 10 same-gender friends within 3 years of age of each other. The sessions were led by a pair of interventionists, at least one of whom was gender matched to the group. Most of the interventionists were African-American men and women recruited from the community.

Each session focused on one or more PMT concepts and also reviewed concepts from the prior session. Beginning in the first session and integrated throughout, a family genogram was used to illustrate the application of concepts to real-life situations.

Sessions emphasized values clarification and goal setting; presented facts regarding AIDS, STDs, contraception, and human development; and provided condoms. Multiple delivery formats were used to address individual variability in receptivity to media, e.g., videos, games, role-playing, acting, storytelling, and arts and crafts.

In the seventh session, participants developed community projects with specific target audiences and intervention messages. The eighth session included a presentation of the projects and concluded with a "graduation" ceremony.

Comparison Condition: Individual youth attended weekly sessions, which included a movie with AIDS facts, discussion, and access to condoms.

Behavioral Findings: Sexually active youth who participated in the intervention reported significantly greater condom use than sexually active youth in the comparison condition.

Contact:
Bonita Stanton, MD
Department of Pediatrics
University of Maryland at Baltimore
700 West Lombard Street
Baltimore, MD 21201

Phone: 410–706–5289
Fax: 410–706–0653
E-mail: bstanton@umabnet.ab.umd.edu

This study meets CDC's HIV/AIDS Prevention Research Synthesis project criteria for relevance and methodological rigor and also has the positive and significant behavioral/health findings required for the *Compendium*. Date added 1/99

Youth

Cognitive-Behavioral Intervention To Reduce African-American Adolescents' Risk for HIV Infection

St. Lawrence, J.S., Brasfield, T.L., Jefferson, K.W., Alleyne, E., O'Bannon, R.E., & Shirley, A. (1995).

Journal of Consulting and Clinical Psychology, 63 (2), 221–237

Intervention Goal(s): To determine the effects a small group intervention.

Intervention Setting: A public health clinic serving low-income families.

Population: Of the 246 inner city AfricanAmerican youths who enrolled in the study, 28% were male and 72% were female. The average age was 15 years, ranging from 14 to 18 years; the average school grade was 10; and 36% were sexually experienced prior to the study.

Comparison Condition: Received Session 1 only.

Behavioral Findings: Youths who participated in the intervention reported significantly greater condom use and significantly lower frequency of unprotected intercourse than youths in the comparison condition. Abstinent youth who participated in the intervention significantly delayed sexual onset to a greater extent than abstinent youth in the comparison condition.

Description of Intervention:
Becoming A Responsible Teen (BART)

This intervention is based on social learning theory and stresses attention to participants' informational needs, motivational influences, and behavior (IMB), from the IMB risk-reduction model. The intervention consisted of 8 weekly educational and behavior skills sessions of 90 to 120 minutes each. Two co-facilitators, a male and a female, led the sessions in a small group format. The intervention was conducted in a comprehensive health center that serves predominantly low-income minority clients in a Mississippi city of 400,000 residents.

Session 1: AIDS education. HIV/AIDS information, presented in the context of local HIV/AIDS demographics, was interspersed with games, group discussion, and other activities.

Session 2: Sexual decisions and values. Group discussion about sexual decisions and pressures was followed by a video for African-American youths, *Seriously Fresh*, and video discussion.

Session 3: Technical competency skills. Discussion of statewide adolescent sexual activity levels was followed by condom use demonstrations, small group practice, and cognitive restructuring of unhelpful beliefs about self-protection and condom use.

Session 4-6: Social competency skills. Communication skills and assertiveness were taught in 3 contexts: a) initiating discussion about condoms in advance with a sex partner, b) refusing pressure to engage in unprotected sex, and c) sharing HIV-risk information with peers. Leaders demonstrated these skills, followed by participant role play.

Session 7: Cognitive competency skills. Local HIV-seropositive youths, the "Rap Team," discussed how HIV had affected their lives. Behavioral self-management and problem-solving strategies, especially those used successfully in the past, were the focus of sessions 7 and 8.

Session 8: Social support and empowerment. Participants shared what each felt was most helpful in BART and the personal changes each had made in response to participating in BART. The impact the group could have by educating friends and families was illustrated and the importance of supportive friendship networks was stressed.

Incentives included $5 an hour for participation, a project T-shirt for attending all sessions, and a personalized certificate of completion at the final session.

Contact:
Janet S. St. Lawrence, PhD
Centers for Disease Control and Prevention
1600 Clifton Road, Mail Stop E–44
Atlanta, GA 30333

Phone: 404–639–8298
Fax: 404–639–8622
E-mail: nzs4@cdc.gov

This study meets CDC's HIV/AIDS Prevention Research Synthesis project criteria for relevance and methodological rigor and also has the positive and significant behavioral/health findings required for the *Compendium*. Date added 1/99

Section 2
Tables

Table 1.

	POPULATION CHARACTERISTICS Gender, Race/Ethnicity, and Age													INTERVENTION CHARACTERISTICS Setting, Level, and Duration					
Citation	**Target**				**Gender %**		**Race/Ethnicity %**						**Age (Yrs.)**		**Setting**	**Level**			**Duration (Sessions)**	
	DU	**HA**	**MSM**	**Y**	**M**	**F**	**A-A**	**API**	**H**	**AI**	**W**	**O**	**Aver.**	**Range**		**Ind**	**Grp**	**Com**	**Number**	**Min. Each**
ACDP '99					46	54	54		19		22	5		35% <30	Community	✔	✔	✔	Continu-ous-3yrs	N/A
Cohen '91					59	41	76		15			9	25*	15-61	Clinic		✔		1	30
Cohen '92					71	29	92#						28		Clinic		✔		1	NR
Des Jarlais '92					69	31	23		26		51		28		Storefront		✔		4	60-90
DiClemente '95						100	100						23	18-29	Community		✔		5	120
El-Bassel '92						100	36		64					90% 21-42	Clinic		✔		5	120
Hobfoll '94						100	57	100			40	3	21	16-29	Clinic		✔		4	90-120
Jemmott '92					100		100						15		School		✔		1	300
Kamb '98					57	43	59		19		16	6	25*	24% <20	Clinic	✔			Enha: 4 Brief: 2	Total 200 Total40
Kegeles '96					100		4	7	6		81	2	23		Social Clubs		✔	✔	Continu-ous-8mo	NA
Kelly '89					100		13**		**		87		31		Med. Office		✔		12	75-90
Kelly '92					100		9		5'		85	†	29		Gay Bars	✔	✔	✔	4	90
Kelly '94						100	87		3	4	6		29		Clinic		✔		4	90
Kirby '91					47	53	2	9	20	2	62	5	15		School		✔		15	NR
Lauby '98						100	73				20	7	25		Community	✔	✔	✔	Continu-ous-3 yrs	N/A
Magura '94					100		65		33		2		18*	16-19	Prison		✔		4	60
Main '94					51	49	6	3	21		65	5	15		School		✔		15	NR
McCusker '92					67	33					81#		NR		Drug Program		✔		6	60
O'Donnell '98					100		62		38				30		Clinic		✔		1	60
Rotheram-Borus '97					51	49	57		22		16'	5'	16		Shelter		✔		10	NR
Stanton '96					56	44	100						11	9-15	Community		✔		7 1 retreat	90 all day
St. Lawrence '95					28	72	100						15	14-18	Clinic		✔		8	90-120
Valdiserri '89					100		2#	<1	<1		95		33	19-73	CBO Office		✔		1	120150
Wenger '91					67	33	88#						28	18-66	Clinic	✔			1	60

DU = Drug Users; HA = Heterosexual Adults; MSM = Men who have Sex with Men; Y = Youth
A-A = African American; API = Asian / Pacific Islander; H = Hispanic; AI = American Indian; W = White; O = Other
Aver. = Average; Ind = Individual; Grp = Group; Com = Community; Min. Each = Minutes per session; CBO = Community-Based Organization; Med. = Medical; Enha = Enhanced; Stan = Standard
N/A = Not Applicable; NR = Not Reported
Combined with "Other" race/ethnicity; ** A-A and H combined; 'race/ethnicity unknown; # race/ethnicity not reported on 100% of the study population; *median age given instead of mean age

Table 2.

Interventions with CDC Support for Materials Production, Technical Assistance, and Training

Table 2 lists the interventions that receive CDC support through either Replicating Effective Programs (REP)[1]* or the Prevention Counseling Course Series[2] in CDC's Division of HIV/AIDS Prevention or, for youth, Research to Classroom: Programs That Work (PTW)[3] in CDC's Division of Adolescent and School Health. Since some of the REP and PTW studies were recently funded, some materials are not yet available.

Author of Study and Materials Developer	Intervention Name	Target Population	Original Funding Source	Material Available
ACDP, 1999	AIDS Community Demonstration Project	**All Categories**	CDC	Yes[1]
Kamb, 1998	Project RESPECT	**Heterosexual Adults**	CDC	Yes[2]
Lauby 1998 (materials by Adams)	Real AIDS Prevention Project (RAPP)	**Heterosexual Adults**	CDC	In Progress
O'Donnell, 1998	VOICES/VOCES	**Heterosexual Adults**	CDC	Yes[1]
Kegeles, 1996	Mpowerment Project	**Men Who Have Sex With Men**	NIMH	In Progress
Kelly, 1992	Popular Opinion Leader (POL)	**Men Who Have Sex With Men**	NIMH	Yes[1]
Jemmott, 1992	Be Proud! Be Responsible!	**Youth**	NIMH	Yes[3]
Kirby, 1991	Reducing the Risk	**Youth**	Private foundations, NIH	Yes[3]
Main, 1994	Get Real about AIDS © 1992	**Youth**	CDC	Yes[3]
Rotheram-Borus, 1997	StreetSmart	**Youth**	NIMH	In Progress
Stanton, 1996	Focus on Kids	**Youth**	NIMH	Yes[3]
St. Lawrence, 1995	Becoming a Responsible Teen (BART)	**Youth**	NIMH	Yes[3]

*In 1996 CDC's Division of HIV/AIDS Prevention - Intervention Research and Support initiated Replicating Effective Programs (REP) to support the development and dissemination of materials for interventions with evidence of effectiveness. To be eligible, interventions must have met PRS and *Compendium* criteria (see Appendix A). In the first years, REP support was given to the developers of completed studies that met the specified criteria, regardless of source of the original research funding. In future years, when CDC funded studies show positive behavioral health results, CDC will routinely commit additional funds to development and dissemination. We encourage other funding agencies to do the same.

BEST COPY AVAILABLE

Section 3
Intervention Checklist

Intervention Checklist:
Elements of Successful Programs
A Tool for Assessment of Local HIV/AIDS Interventions

Background

The *Compendium* provides ready access to many interventions with known effectiveness, however, program planners, managers, prevention service providers, or constituents may be using an existing intervention that has its own advantages. For instance, it was developed locally and there is consensus in the community about its value. The *Intervention Checklist* was developed as a tool to help with assessment of these existing interventions. *Checklist* items were derived from the common characteristics of successful programs. One may want to use the *Checklist* to fine-tune a strong program. Or, one may use it to consider new ideas for program implementation and/or organizational planning. It may be helpful simply as a programmatic inventory.

How to Use This Tool

This *Checklist* may be completed by one person or by a group of people familiar with the intervention activity (i.e., staff, constituents, volunteers, advisory board members). This tool could be used in a regular staff or planning group meeting or an annual program review to help measure progress.

Instructions:

1. Consider each of the four sections and each item within the sections. It may be useful to record examples from your local intervention onto the form in the space provided (if needed, use bottom, back of page, etc.) Also, you may want to add items.
2. Working individually or in a group, complete the *Checklist*. Rate each item High, Medium, or Low. For instance, for the first Intervention item, a clearly defined audience, a "high" rating would mean that the audience is very clearly defined., i.e., with enough precision (e.g., ethnically/culturally; by risk behavior, gender, or other characteristics) for optimal planning, tailoring of materials to that audience, and targeted recruitment.
3. Review your responses. Consider each section separately. For example, are there one or two items in the Implementation section that need attention?
4. How do you/your group assess the current intervention overall? Is it satisfactory or can it be strengthened? If you want to improve the activity, who would develop an action plan for that? What accomplishment would address your current concerns? How feasible is that? What technical assistance might be helpful? What time lines would you anticipate? What resources would be needed?

References

Holtgrave, D.R., et al. (1995). An overview of the effectiveness and efficiency of HIV prevention programs. *Public Health Reports*, 110 (2), 134-146.

Janz, N.K., et al. (1996). Evaluation of 37 AIDS prevention projects: successful approaches and barriers to program effectiveness. *Health Education Quarterly*, 23 (1), 80-97.

Mezoff, J., Seals, B., Sogolow, E., Komescher, R., Wooden, G., Bye, L., Tijugum, B. (1998). Reputationally Strong HIV Prevention Programs: Organizational Characteristics. Poster presentation, 12th World AIDS Conference, Geneva.

Kirby, D. (1995). A review of educational programs designed to reduce sexual risk-taking behaviors among school-aged youth in the United States. In *The Effectiveness of AIDS Prevention Efforts, HIV Prevention: State-of-the-Science*, commissioned by the Office of Technology Assessment, compiled and produced by the American Psychological Association Office on AIDS, Washington, D.C.

A. Intervention Items	Examples from Effective Interventions	Examples from Local Interventions (Write in)	Rating (Circle One)
1. **The intervention has a clearly defined audience**	STD patients who are at risk based on current STD Runaway youth living in shelters who are at risk through survival sex		**High** **Medium** **Low**
2. **The intervention has clearly defined goals and objectives**	To change risky sexual norms and behaviors in the gay community through personal endorsement of safer sex by key opinion leaders To reduce risk for HIV/STD and unintended pregnancy among young women by increasing condom use		**High** **Medium** **Low**
3. **The intervention is based on sound behavioral and social science theory**	Diffusion theory guides plan for key opinion leaders to speak with certain number of people (representing proportion of the at-risk population) Stages of change model calls for tailoring the role model stories used in the intervention to level of readiness for risk reduction in the community		**High** **Medium** **Low**
4. **The intervention is focused on reducing specific risk behaviors**	Reduce unprotected anal sex among men who have sex with men Reduce "never using" condoms with steady and casual sex partners		**High** **Medium** **Low**
5. **The intervention provides opportunities to practice relevant skills**	Role play condom negotiation with steady sex partner Exercises for trying out personal coping strategies		**High** **Medium** **Low**

BEST COPY AVAILABLE

B. Implementation Items	Examples from Effective Interventions	Examples from Local Interventions Write In:	Rating (Circle One)
1. There is a realistic schedule for implementation	Six months of preparation and coordination is needed before starting an intervention in a large health care organization Two years of implementation are required for community level change		**High** **Medium** **Low**
2. Staff are adequately trained for sensitivity to the target population	Staff receive training on responding to disclosures of domestic violence Staff attend three, 1 hour sessions on the target population's culture, risk factors, and barriers to accessing service		**High** **Medium** **Low**
3. Staff are adequately trained to deliver the core elements of the intervention	Peer volunteers receive 32 hours of interactive training on the intervention's goals, objectives, core elements, and delivery methods Staff read intervention manuals, view training videos, role play intervention delivery, and have "booster" training one month after starting the intervention		**High** **Medium** **Low**
4. Core elements of the intervention are clearly defined and maintained in the delivery	Health educators use an intervention manual that labels the core elements Supervisor observes intervention performance at least once a month and provides feedback on delivery of the core elements		**High** **Medium** **Low**
5. Staff uses a variety of teaching methods, strategies, and modalities to convey information, personalize the training, and repeat essential HIV prevention messages	Lecture, discussion, group art and music projects, stress coping exercises, and individual counseling Staff use of culturally specific video soap opera as a springboard for problem solving client's barriers to condom negotiation; condom information is repeated in large-scale poster format		**High** **Medium** **Low**

4.3 BEST COPY AVAILABLE

C. Organization Items	Examples from Effective Interventions	Examples from Local Interventions (Write In)	Rating (Circle One)
1. There is administrative support for the intervention at the highest levels	State health department commits to delivering the intervention in all STD, HIV, and family planning clinics holding state contracts Local public housing authority provides on site office space for intervention activities		**High** **Medium** **Low**
2. There are sufficient resources for the current implementation	Existing facility incorporates intervention into its continuum of care by replacing didactic information delivery with an information and skills-building intervention Suitable space for the activities is located and rent is paid		**High** **Medium** **Low**
3. There are sufficient resources for sustainability	Redefinition of duties makes intervention delivery part of staff job description Intervention is not tied to grant funding but is part of agency's overall budget		**High** **Medium** **Low**
4. Decision-makers are flexible and open to program changes	"Ownership" of project is shared with target population volunteers who select new venues for delivery Non-agency staff are permitted to deliver intervention to agency clients on-site		**High** **Medium** **Low**
5. HIV/AIDS intervention is embedded in a broader context that is relevant to the target population	Runaway youth receive shelter, medical care, mental health counseling, and service referrals in addition to HIV prevention intervention Inner city women receive HIV/AIDS intervention woven into the context of women's health, pregnancy planning, and caring for one's family		**High** **Medium** **Low**

D. Consumer/ Participant Items	Examples from Effective Interventions	Examples from Local Interventions (Write In)	Rating (Circle One)
1. The intervention meets specified priorities andneeds defined by the community	Intervention sponsors social events for young men who have sex with men in communities that do not have places for them to congregate Intervention empowers peer volunteers to intervene in their own communities		**High** **Medium** **Low**
2. For the target population selected, the intervention is culturally competent	"Role model" stories used within the community are experiences of actual members of the community (with their names changed) English-Spanish video portrays real-life situations, decision-making processes, and condom negotiation strategies in appropriate Hispanic/Latino cultural context		**High** **Medium** **Low**
3. For the target population selected, the intervention is developmentally appropriate	The need for safer sex is introduced naturally into the casual conversations of mature adult men who have sex with men Runaway youth, ages 11 to 17, receive intervention messages in many entertaining ways and learn realistic expectations for skills development		**High** **Medium** **Low**
4. For the target population selected, the intervention is gender specific	An intervention targeting inner-city women is delivered by community women and focuses on women's health issues Young gay men receive an intervention through their social networks		**High** **Medium** **Low**
5. The intervention as implemented is acceptable to the participants	Participants continue to come, even without incentives Participants recommend the intervention to their friends		**High** **Medium** **Low**

BEST COPY AVAILABLE

Section 4
Appendices

Appendix A

HIV/AIDS Prevention Research Synthesis (PRS) Project Purpose and Selection Criteria

In 1996, CDC began the HIV/AIDS Prevention Research Synthesis (PRS) project to create a database of all HIV/AIDS behavioral, social, and policy studies. The PRS project has several aims:

1) to permit systematic reviews that address the population, intervention, study design, setting, and outcome factors associated with intervention effectiveness;
2) to identify methodologically rigorous studies that have significant positive results; and
3) to identify gaps in the existing research and directions for future study.

The PRS database will be updated annually. At present, it contains approximately 5,000 articles and reports on HIV prevention. Of these, about 200 are intervention studies that meet relevance criteria such as having behavioral or biological outcomes. Further, using criteria for methodological rigor, we identified a subset of *124 primary studies* representing the best available intervention science within the scope conditions of the PRS project. Figure A.1 illustrates the application of these criteria.

A. PRS Criteria

1. **Relevance criteria** -- allow the selection of studies that aim to reduce sex- and/or drug-related risk behaviors. Criteria include:

   (a) Studies are reported from 1988 onward

   The study typically was conducted two or three years earlier. This coincides approximately with the start-up of HIV intervention research.

   (b) Published or unpublished

   Unpublished reports are included in the PRS database to minimize the possibility of "publication bias." (For purposes of the *Compendium*, unpublished reports are included in the database to provide access to the latest studies.)

   (c) Conducted anywhere in the world

   Research conducted both in and outside the United States enhances our understanding of risk reduction.

   (d) Had positive, negative and/or no change (null) findings

   The PRS database includes all studies that meet specific standards of scientific rigor, regardless of outcome. Negative and no-change (null) outcomes contribute to our knowledge of what does and does not work.

   (e) With one or more of the following outcomes:

Sex-related behaviors

- use of male condoms
- use of female condoms
- use of condom negotiation
- not having sex, if condom not used
- having unprotected sex
- number of sex partners
- mutually monogamous relationship
- partner selection
- return to abstinence
- initiation of first sexual intercourse
- exchanging sex for money/drugs

HIV testing behavior

- repeat testing
- return for results

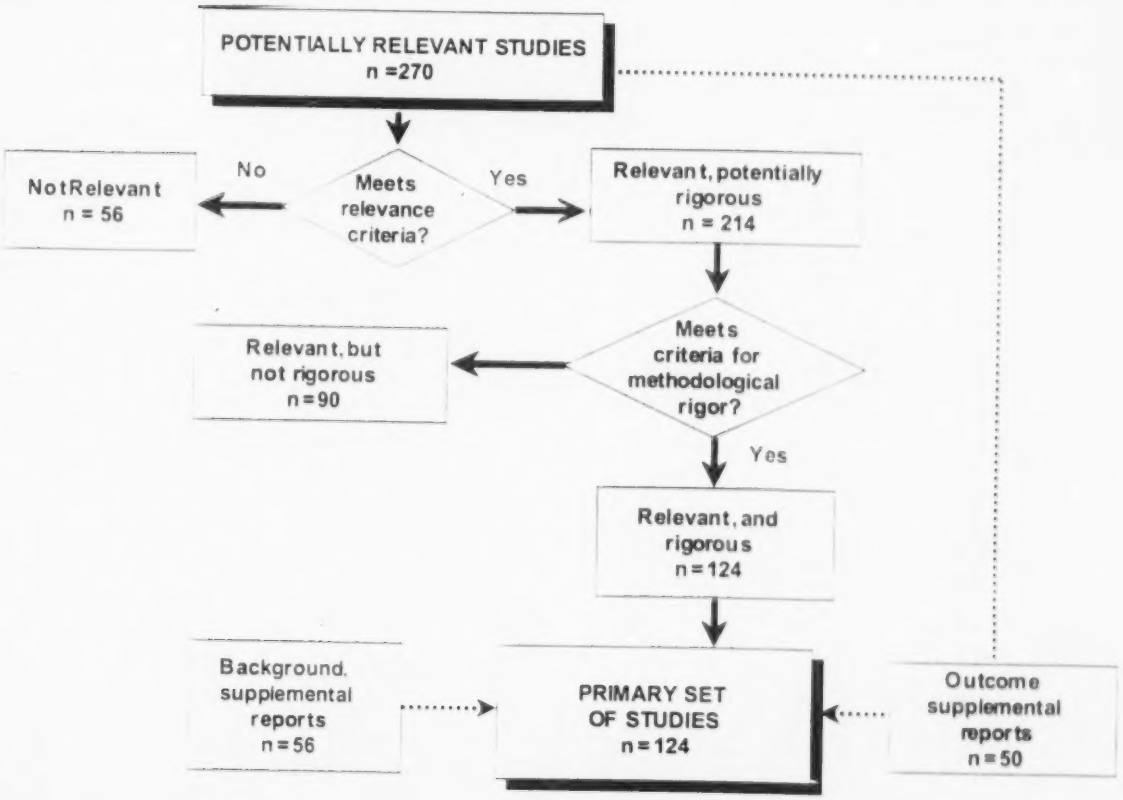
Drug-related behaviors

- multi-person use of drug paraphernalia
- cleaning/bleaching drug paraphernalia
- use of new sterile needles/syringes
- injecting drugs
- initiation of drug injection
- non-injecting drug use
- sex with substance use
- return of used syringes

Health outcomes

- incidence rates of HIV, AIDS, STDs,
- HBV, and HCV
  prevalence rates of HIV, AIDS, STDs, HBV, and HCV

Figure A.1 PRS Review Process: Reviewed *OUTCOME STUDIES*, as of 6/30/98



BEST COPY AVAILABLE

2. **Methodological criteria** -- are based on study design and vary by intervention category, i.e., eligible behavioral and social interventions require control/comparison groups and pre-post data whereas policy interventions may have less rigorous designs.

   (a) For *behavioral and social* intervention studies:

   - Random assignment to intervention and comparison groups with
     - pre-post data *OR*
     - post-only data
   - Non-random assignment to intervention and comparison groups with
     - pre-post data *AND*
     - no apparent assignment bias *OR*
     - adjustment for apparent assignment bias

   (b) For *policy* studies:

   - Random assignment to intervention and comparison groups with
     - pre-post data *OR*
     - post-only data
   - Non-random assignment to intervention and comparison groups with
     - pre-post data *AND*
     - no apparent assignment bias *OR*
     - adjustment for apparent assignment bias
   - Non-random assignment to intervention and comparison groups with
     - *post-only* data *AND*
     - no apparent assignment bias *OR*
     - adjustment for apparent assignment bias
   - Pre-post data with no comparison group

[1] There are three broad categories of interventions:

Interventions in the *behavioral* category aim to change individuals' behaviors. These tend to emphasize individual and small group approaches, e.g., counseling, small group discussion with skills demonstration.

Interventions in the *social* category aim to change social norms or structures that influence individuals' behaviors. These interventions may use small group or community-level approaches, e.g., engaging key opinion leaders as educators, community mobilization.

Policy studies aim to change individuals' behaviors or norms or social structures through administrative or legal decisions, e.g., condom availability in public settings, HIV education in schools.

B. Compendium Criteria

- To identify interventions for this *Compendium* we reviewed the *primary studies* using additional selection criteria:

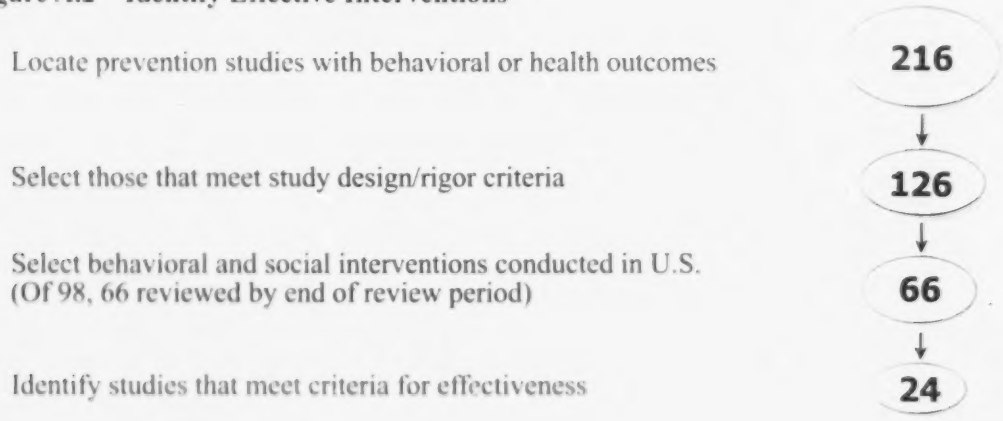
    1. Studies conducted in the United States
    2. Behavioral and social interventions, excluding policy studies
    3. Studies with reported positive results on relevant outcomes

- We then examined this subset, further selecting studies that met the following criteria:
    4. Studies where the positive results represented a statistically significant difference between the intervention and the control or comparison condition
    5. Studies with no negative findings
    6. Studies that are state-of-the-science.

Figure A.2 illustrates the application of these criteria. Applying all six of these criteria resulted in the 24 interventions contained in this *Compendium*. Within the constraints indicated by the criteria listed above, these represent the best state-of-the-science interventions available as of June 30, 1998.

Consistent with these pre-established criteria, many studies were *not* selected for the *Compendium*. We did not select, for instance, studies where there was no control or comparison condition in the study design. Many of these studies with other designs provide valuable information but are out of the scope of this *Compendium*. Also, another CDC project, Characteristics of Reputationally Strong Programs (described elsewhere) examines such programs.

Figure A.2 Identify Effective Interventions


Locate prevention studies with behavioral or health outcomes
216
Select those that meet study design/rigor criteria
126
Select behavioral and social interventions conducted in U.S.
(Of 98, 66 reviewed by end of review period)
66
Identify studies that meet criteria for effectiveness
24

[2] "Organizational Characteristics of Reputationally Strong Programs," Jane Mezoff, Brenda Seals, Ellen Sogolow, Bob Kohmescher, Gretchen Wooden, Larry Bye, Brian Tjugum, presented at the 12th World AIDS Conference, Geneva, June 28-July 3, 1998.

Appendix B

Source Citations and Supplemental References

This appendix lists the source citations for the 24 intervention studies described in this document. Additional or supplemental references are indented underneath the source citation for each intervention study. These additional references may be background citations (e.g., ones that contain descriptive information about the intervention) or outcome citations (e.g., ones that contain data from a subsequent follow-up assessment). These citations can help program planners obtain further information about the study design, methods, and other findings associated with the studies described in this document.

CDC AIDS Community Demonstration Projects Research Group. (1999). Community-level HIV intervention in five cities: Final outcome data from the CDC AIDS Community Demonstration Projects. *American Journal of Public Health*, 89 (3), 336-345.

Centers for Disease Control and Prevention. (1996). Community-level prevention of human immunodeficiency virus infection among highrisk populations: The AIDS Community Demonstration Projects. *MMWR Recommendations and Reports*, 45 (RR-6).

Corby, N.H., & Wolitski, R.J., (Eds.). (1997). *Community HIV Prevention: The Long Beach AIDS Community Demonstration Project*. Long Beach, CA: The University Press, California State University, Long Beach.

Corby, N. H. & Wolitski, R. J. (1996). Condom use with main and other sex partners among high-risk women: Intervention outcomes and correlates of reduced risk. *Drugs and Society*, 9, 75-96.

GuentherGrey, C. A., Noroian, D., Fonseka, J., & the AIDS Community Demonstration Projects. (1996). Developing community networks to deliver HIV prevention interventions: The AIDS Community Demonstration Projects. *Public Health Reports*, 111 (Supplement), 41-49.

Jamner, M. S., Wolitski, R. J., & Corby, N. H. (1997). Impact of a longitudinal community HIV intervention targeting injecting drug users' stage of change for condom and bleach use. *American Journal of Health Promotion*, 12, 15-24.

O'Reilly, K., & Higgins, D. L. (1991). AIDS community demonstration projects for HIV prevention among hard-to-reach groups. *Public Health Reports*, 106, 714-720.

Pulley, L., McAlister, A., & the AIDS Community Demonstration Projects. (1996). Prevention campaigns for hard-to-reach populations at risk for HIV infection: Theory and implementation. *Health Education Quarterly*, 23, 488-496.

Rietmeijer, C. A., Kane, M. S., Simons, P. Z., Corby, N. H., Wolitski, R. J., Higgins, D. L., Judson, F. N., & Cohn, D. L. (1996). Increasing the use of bleach and condoms among injecting drug users in Denver: Outcomes of a targeted, community-level HIV prevention program. *AIDS*, 10, 291-298

Cohen, D., Dent, C., & MacKinnon, D. (1991). Condom skills education and sexually transmitted disease reinfection. *Journal of Sex Research*, 28 (1), 139–144..

Cohen, D.A., MacKinnon, D.P., Dent, C., Mason, H., & Sullivan, E. (1992). Group counseling at STD clinics to promote use of condoms. *Public Health Reports,* 107 (6), 727–731.

Des Jarlais, D.C., Casriel, C., Friedman, S.R., & Rosenblum, A. (1992). AIDS and the transition to illicit drug injection – Results of a randomized trial prevention program. *British Journal of Addiction,* 87 (3), 493–498.

Casriel, C., Des Jarlais, D.C., Rodriguez, R., Friedman, S.R., Stepherson, B., & Khuri, E. (1990). Working with heroin sniffers: Clinical issues in preventing drug injection. *Journal of Substance Abuse Treatment,* 7 (1), 1–10.

Friedman, S.R., Des Jarlais, D.C., Neaigus, A., Jose, B., Sufian, M., Stepherson, B., Mota, P.M., & Manthei, D. (1992). Organizing drug injectors against AIDS: Preliminary data on behavioral outcomes. *Psychology of Addictive Behaviors,* 6 (2), 100–106.

DiClemente, R.J. & Wingood, G.M. (1995). A randomized controlled trial of an HIV sexual riskreduction intervention for young AfricanAmerican women. *Journal of the American Medical Association,* 274 (16), 1271–1276.

ElBassel, N. & Schilling, R.F. (1992). 15month followup of women methadone patients taught skills to reduce heterosexual HIV transmission. *Public Health Reports,* 107 (5), 500–504.

Schilling, R.F., El-Bassel, N., Hadden, B., & Gilbert, L. (1995). Skills-training groups to reduce HIV transmission and drug use among methadone patients. *Social Work,* 40 (1), 91–101.

Schilling, R.F., El-Bassel, N., Schinke, S.P., Gordon, K., & Nichols, S. (1991). Building skills of recovering women drug users to reduce heterosexual AIDS transmission. *Public Health Reports,* 106 (3), 297–304.

Hobfoll, S.E., Jackson, A.P., Lavin, J., Britton, P.J., & Shepherd, J.B. (1994). Reducing innercity women's AIDS risk activities: A study of single, pregnant women. *Health Psychology,* 13 (5), 397–403.

Jemmott, J.B., Jemmott, L.S., & Fong, G.T. (1992). Reductions in HIV riskassociated sexual behaviors among black male adolescents: Effects of an AIDS prevention intervention. *American Journal of Public Health,* 82 (3), 372–377.

Kamb, M.L., Fishbein, M., Douglas, J.M., Rhodes, F., Rogers, J., Bolan, G., Zenilman, J., Hoxworth, T., Malotte, C.K., Iatesta, M., Kent, C., Lentz, A., Graziano, S., Byers, R.H., & Peterman, T.A., for the Project RESPECT Study Group (1998). Efficacy of risk-reduction counseling to prevent human immunodeficiency virus and sexually transmitted diseases: A randomized controlled trial. *Journal of the American Medical Association,* 280 (13), 1161-1167.

Kegeles, S.M., Hays, R.B., & Coates, T.J. (1996). The Mpowerment Project: A communitylevel HIV prevention intervention for young gay men. *American Journal of Public Health,* 86 (8), 1129–1136.

Kelly, J.A., Murphy, D.A., Washington, C.D., Wilson, T.S., Koob, J.J., Davis, D.R., Ledezma, G., & Davantes, B. (1994). The effects of HIV/AIDS intervention groups for highrisk women in urban clinics. *American Journal of Public Health,* 84 (12), 1918–1922.

Kelly, J.A. (1994). Sexually transmitted disease prevention approaches that work: Interventions to reduce risk behavior among individuals, groups, and communities. *Sexually Transmitted Diseases,* 21 (2, Suppl.), S73–75.

Kelly, J.A., St. Lawrence, J.S., Hood, H.V., & Brasfield, T.L. (1989). Behavioral intervention to reduce AIDS risk activities. *Journal of Consulting and Clinical Psychology,* 57 (1), 60–67.

Kelly, J.A., & St. Lawrence, J.S. (1990). The impact of communitybased groups to help persons reduce HIV infection risk behaviors. *AIDS Care,* 2 (1), 25–36.

Kelly, J.A., St. Lawrence, J.S., & Brasfield, T.L. (1991). Predictors of vulnerability to AIDS risk behavior relapse. *Journal of Consulting and Clinical Psychology,* 59 (1), 163–166.

Kelly, J.A., St. Lawrence, J.S., Brasfield, T.L., & Hood, H.V. (1989). Group intervention to reduce AIDS risk behaviors in gay men: Applications of behavioral principles. In V.M. Mays, G.W. Albee, & S.F. Schneider (Eds.), *Primary prevention of psychopathology: Vol. 13. Primary prevention of AIDS: Psychological approaches.* (pp. 225–241). Newbury Park, CA: Sage Publications.

Kelly, J.A., St. Lawrence, J.S., Stevenson, Y., Hauth, A.C., Kalichman, S.C., Diaz, Y.E., Brasfield, T.L., Koob, J.J., & Morgan, M.G. (1992). Community AIDS/HIV risk reduction: The effects of endorsements by popular people in three cities. *American Journal of Public Health,* 82 (11), 1483–1489.

Kelly, J.A., St. Lawrence, J.S., Diaz, Y.E., Stevenson, L.Y., Hauth, A.C., Brasfield, T.L., Kalichman, S.C., Smith, J.E., & Andrew, M.E. (1991). HIV risk behavior reduction following intervention with key opinion leaders of population: An experimental analysis. *American Journal of Public Health,* 81 (2), 168–171.

St. Lawrence, J.S., Brasfield, T.L., Diaz, Y.E., Jefferson, K.W., Reynolds, M.T., & Leonard, M.O. (1994). Threeyear followup of ap HIV riskreduction intervention that used popular peers. *American Journal of Public Health,* 84 (12), 2027–2028.

Kirby, D., Barth, R.P., Leland, N., & Fetro, J.V. (1991). Reducing the risk: Impact of a new curriculum on sexual risktaking. *Family Planning Perspectives,* 23 (6), 253–263.

Lauby, J., Smith, P.J.,Stark, M., Person, B., & Adams, J. (1998). A community-level HIV prevention intervention for inner city women: Results of the women and infants demonstration trial. Philadelphia, PA: Philadelphia Health Management Corporation.

Magura, S., Kang, S., & Shapiro, J.L. (1994). Outcomes of intensive AIDS education for male adolescent drug users in jail. *Journal of Adolescent Health,* 15 (6), 457–463.

Main, D.S., Iverson, D.C., McGloin, J., Banspach, S.W., Collins, J.L., Rugg, D.L., & Kolbe, L.J. (1994). Preventing HIV infection among adolescents: Evaluation of a schoolbased education program. *Preventive Medicine,* 23 (4), 409–417.

McCusker, J., Stoddard, A.M., Zapka, J.G., Morrison, C.S., Zorn, M., & Lewis, B.F. (1992). AIDS education for drug abusers: Evaluation of shortterm effectiveness. *American Journal of Public Health,* 82 (4), 533–540.

McCusker, J., Bigelow, C., Luippold, R., Zorn, M., & Lewis, B.F. (1995). Outcomes of a 21day drug detoxification program: Retention, transfer to further treatment, and HIV risk reduction. *American Journal of Drug and Alcohol Abuse,* 21 (1), 1–16.

McCusker, J., Stoddard, A.M., Zapka, J.G., & Lewis, B.F. (1993). Behavioral outcomes of AIDS educational interventions for drug users in short-term treatment. *American Journal of Public Health,* 83 (10), 1463–1466.

McCusker, J., Stoddard, A.M., Zapka, J.G., & Zorn, M. (1993). Use of condoms by heterosexually active drug abusers before and after AIDS education. *Sexually Transmitted Diseases,* 20 (2), 81–88.

Zapka, J.G., Stoddard, A.M., & McCusker, J. (1993). Social network, support and influence: Relationships with drug use and protective AIDS behavior. *AIDS Education and Prevention,* 5 (4), 352–366.

O'Donnell, C.R., O'Donnell, L., San Doval, A., Duran, R., & Labes, K. (1998). Reductions in STD infections subsequent to an STD clinic visit: Using video-based patient education to supplement provider interactions. *Sexually Transmitted Diseases,* 25 (3), 161–168.

O'Donnell, C.R., O'Donnell, L., San Doval, A., Duran, R., & Labes, K. (1994). *Clinic-based research and demonstration project to prevent sexually transmitted diseases among high risk blacks and Latinos: The efficacy of video-based education in reducing STD infections subsequent to an STD clinic visit.* (Final Report) Newton, MA: Education Development Center, Inc.

Rotheram-Borus, M.J., Van Rossem, R., Gwadz, M., Koopman, C., & Lee, M. (1997). *Reductions in HIV risk among runaway youths.* Los Angeles, CA: University of California, Department of Psychiatry, Division of Social and Community Psychiatry.

Stanton, B.F., Li, X., Ricardo, I., Galbraith, J., Feigelman, S., & Kaljee, L. (1996). A randomized, controlled effectiveness trial of an AIDS prevention program for low-income African-American youths. *Archives of Pediatrics and Adolescent Medicine,* 150 (4), 363–372.

Stanton, B., Fang, X., Li, X., Feigelman, S., Galbraith, J., & Ricardo, I. (1997). Evolution of risk behaviors over 2 years among a cohort of urban African American adolescents. *Archives of Pediatrics and Adolescent Medicine,* 151 (4), 398–406.

Stanton, B.F., Li, X., Galbraith, J., Feigelman, S., & Kaljee, L. (1996). Sexually transmitted diseases, human immunodeficiency virus, and pregnancy prevention: Combined contraceptive practices among urban African-American early adolescents. *Archives of Pediatrics and Adolescent Medicine,* 150 (1), 17–24.

St. Lawrence, J.S., Brasfield, T.L., Jefferson, K.W., Alleyne, E., O'Bannon, R.E., & Shirley, A. (1995). Cognitivebehavioral intervention to reduce African American adolescents' risk for HIV infection. *Journal of Consulting and Clinical Psychology,* 63 (2), 221–237.

Valdiserri, R.O., Lyter, D.W., Leviton, L.C., Callahan, C.M., Kingsley, L.A., & Rinaldo, C.R. (1989). AIDS prevention in homosexual and bisexual men: Results of a randomized trial evaluating two risk reduction interventions. *AIDS,* 3 (1), 21–26.

Leviton, L.C., Valdiserri, R.O., Lyter, D.W., Callahan, C.M., Kingsley, L.A., Huggins, J., & Rinaldo, C.R. (1990). Preventing HIV infection in gay and bisexual men: Experimental evaluation of attitude change from two risk reduction interventions. *AIDS Education and Prevention,* 2 (2), 95–108.

Wenger, N.S., Linn, L.S., Epstein, M., & Shapiro, M.F. (1991). Reduction of high-risk sexual behavior among heterosexuals undergoing HIV antibody testing: A randomized control trial. *American Journal of Public Health,* 81 (12), 1580–1585.